DOCUMENT RESUME

ED 461 189 EC 305 503

AUTHOR Mellard, Daryl, Ed.
TITLE Symposium on Accommodating Adults with Disabilities in Adult Education Programs. Proceedings of the NAASLN [National Association for Adults with Special Learning Needs] Conference (6th, New Orleans, LA, September 26-28, 1996).
INSTITUTION Kansas Univ., Lawrence. Center for Research on Learning.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE 1997-03-00
NOTE 124p.; For selected individual papers, see EC 305 504-506. Accompanying videotapes not available from ERIC.
AVAILABLE FROM Center for Research on Learning, University of Kansas, 3061 Dole Center, Lawrence, KS 66045 ($12). Tel: 913-864-0617; Fax: 913-864-5728.
PUB TYPE Collected Works - Proceedings (021)
EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Adult Education; Adults; Assistive Devices (for Disabled); *Communication Aids (for Disabled); *Disabilities; *Disability Identification; Eligibility; *Federal Legislation; Intervention; *Media Adaptation; Mental Disorders; *Testing Problems
IDENTIFIERS *Americans with Disabilities Act 1990; *Reasonable Accommodation (Disabilities); Rehabilitation Act 1973

ABSTRACT

This conference proceedings document includes an introduction, papers from all the presenters and respondents, and masters of the overheads used in the presentations. Three videotapes (with a total running time of approximately 4.5 hours) of all the symposium presentations are also included. Presentations include: "The Ecology of Human Performance Framework: A Model for Identifying and Designing Appropriate Accommodations for Adults Learners" (Winnie Dunn and others); "The Americans with Disabilities Act and the Rehabilitation Act of 1973 and Their Application to Educational Issues" (Wendy Wilkinson and Cynthia Dresden), which addresses the definition of disability, documenting disability, testing issues, eligibility criteria, and communication issues; "Intervention Issues" (Richard Cooper), which discusses different disability types, degrees of intervention, and new accommodations; "From Discrimination to Acceptance: Serving People with Psychiatric Disabilities in Adult Education" (Karen V. Unger); and "Is Adult Secondary Education and Adult Basic Education for All?" (Sandra Delgado). With the exception of the last presentation, all presentations include two responses. (Most papers contain references.) (CR)

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Proceedings

Symposium on Accommodating Adults with Disabilities in Adult Education Programs

1996 NAASLN Conference
New Orleans, LA

University of Kansas
Center for Research on Learning
Lawrence, KS

EC305503

Edited by Daryl Mellard
March, 1997

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Acknowledgement

This project, "Research and Demonstration of a Model for Successfully Accommodating Adults with Disabilities in Adult Education Programs," is a collaborative effort among faculty and staff at the University of Kansas and Kansas State University. The project was 100% funded by the National Institute on Disability and Rehabilitation Research for three years at $175,000 each year. Jean Hall is the Project Coordinator for all of the activities. Research associates include Janis Bulgren, Mary Pat Gilbert, Betty Horton, and Kathy Parker. Warren White and Daryl Mellard are co-principal investigators. Inquiries should be directed to: Project Coordinator, Institute for Adult Studies, 3061 Dole Center, University of Kansas, Lawrence, KS 66045, (913) 864-4780.

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NATIONAL ASSOCIATION FOR ADULTS WITH SPECIAL LEARNING NEEDS

A Not-For-Profit Pennsylvania Membership Corporation
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Dr. Daryl Mellard
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Co-Principal Investigators
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December 5, 1996

Dear Drs. Mellard and White:

On behalf of the Board of Directors and the members of the National Association for Adults with Special Learning Needs (NAASLN), I thank you and your staff, your consultants and the state directors of adult education who participated in the first **National Symposium on Accommodating Adults with Disabilities in Adult Education** at the 1996 NAASLN conference held this September in New Orleans, Louisiana.

We were especially pleased to jointly sponsor the symposium with the University of Kansas and Kansas State University. At this symposium, over 200 NAASLN conference participants from 37 states learned about the results of the National Institute for Disability and Rehabilitation Research (NIDRR) project that the University of Kansas and Kansas State University began in 1995. The findings from this project will help adult educators to improve programs for adults with disabilities by enabling them to select the appropriate accommodations for both courses and tests. Our responsibility as adult educators is to provide a timely and effective system of adult education that works for all adult learners. This symposium presented changes that can be implemented now to develop this system.

NAASLN, the only adult education organization in the United States whose primary purpose is to develop and improve programs for adults with disabilities, has as its major goal a coordinated and integrated system of lifelong learning for adults with disabilities in the United States. For NAASLN to have been a co-sponsor of the first **National Symposium on Accommodating Adults with Disabilities in Adult Education** and to be part of educational change in the United States is, indeed, of major national significance for all of us as adult educators. These changes, by providing program accommodations, will cause a major shift in the present adult education system to one that is **learner-centered**, instead of one that has been more **subject-centered**. This adult education approach will provide

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each adult learner with disabilities quality programs which have measurable outcomes. This approach will be demanded, as we move toward a coordinated and integrated system of lifelong learning for adults with disabilities in the United States.

More than 50 million Americans have not completed high school. This number includes a very large percentage of adults with disabilities who need to continue their education by obtaining basic education skills and adult high school diplomas so they, too, can achieve a higher quality of life and be trained or retrained for competitive and productive employment. As research results and the products from the NIDRR project are made available to the field of adult education, I am confident that they will help develop a learner-centered system of adult education in the United States.

I would also like to thank Ms. Judy Heumann, Assistant Secretary of Special Education and Rehabilitative Services; Dr. Katherine Seelman, Director, National Institute for Disability and Rehabilitation Research; Ms. Patricia W. McNeil, Assistant Secretary for Vocational and Adult Education and Mr. Ronald S. Pugsley, Director, Division of Adult Education and Literacy, all from the United States Department of Education, for without their vision and support this project would not have been funded.

In closing, I want to express again my sincere appreciation for all of the work that has been accomplished in the NIDRR project, and for your encouragement and support of this important effort at the 1996 NAASLN conference. NAASLN members will continue to support you and be available to assist you with the NIDRR project. Working together all of us can help adults with disabilities become Lifelong Learners.

Sincerely,

William R. Langner

William R. Langner
President

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INTRODUCTION

By Daryl F. Mellard

These Proceedings reflect the work of many individuals who participated at the conference as well as many who helped in the symposium and this document's preparations. In the next several pages some of those important details are described and a broader context of how our first symposium fits within the project's activities is provided.

Staging the symposium was possible because of the great efforts made by the board members of the National Association for Adults with Special Learning Needs. Mr. Bill Langner, the current president of NAASLN, shared his valuable insights in planning the symposium activities. These proceedings exist because of his urging to provide a document that adult educators, advocates, policy makers, and other stakeholders could use as a reference. Our goal was more modest: to benefit from the interactions of a diverse group of adult education practitioners and other professionals concerned with accommodating adults with disabilities in adult education (AE). We hope that these proceedings are useful to persons who are interested in their own professional development or in providing staff development to adult educators or other literacy providers.

For several of the project staff, these activities have a personal significance as well. In 1982, our colleague and mentor, Dr. Gordon R. Alley, experienced a traumatic brain injury. His rehabilitation had been very slow and limited up until his recent death. Although Gordon was not participating in a formal adult education program, we can easily imagine that our project activities would have had relevance to him and those working with him.

Reader's Guide

These proceedings include an edited version of the oral presentation offered by the symposium's presenters. Along with the text, we have included the copies of figures which the presenters used as overhead transparencies or handouts. A videotape of the presentations is also available. Our intent is to provide as much of the material as possible from the symposium in formats that adult educators and others find useful. These materials may be adapted as needed for staff development activities. Please acknowledge the presenters by appropriately crediting their contributions in any of your presentations.

The next sections in this Introduction outline the importance of attending to the needs of adults with disabilities in AE. Most readers will realize the potential importance of AE for the many individuals who have not been as successful in more traditional educational programs and its sequence of grades and subject matters.

Disability Issues of Concern

Disturbingly high numbers of students with disabilities leave publicly supported education programs each year prior to graduation (U.S. Department of Education, 1989, 1990). The U.S. Department of Education reported in 1992 that for the 1989 - 1990 school year, 26.6 percent of special education students dropped out of school. By categorical areas, 26.7 percent of students with specific learning disabilities (LD) dropped out of school, 24.8 percent of students with mental retardation (MR) dropped out of school, and a staggering 39.1 percent of students with behavior disorders (BD) dropped out.

Unfortunately, the majority of these individuals, particularly those from culturally diverse groups, face a bleak future in many aspects of their lives (Fine, 1986; Hilliard, 1991; Levin, 1991). The Senate Subcommittee on Employment of the Handicapped Report (1986) revealed that 67 percent of all Americans with disabilities aged 16 - 64 were not employed. Of those persons with disabilities who were working, 75 percent were only employed part-time. Findings from the National Longitudinal Transition Study of Special Education Students revealed that three to five years after schooling, the rate of students with disabilities who lived independently was half that of youth in the general population with only 56.8 percent competitively employed (Marder & D'Amico, 1992; Wagner, 1993). Without a high school diploma or the basic skills to either pass the GED or get a well paying job, these young adults are trapped in a cycle of poverty.

While adults with disabilities represent approximately 20% of the adult U.S. population (Great Plains Disability and Business Technical Assistance Center, 1994), the Office of Vocational and Adult Education estimates indicate that at least 30% of the adults in AE have a disability. Their disabilities are in areas as varied as developmental disabilities: LD, BD, arthritis, spinal injury, heart trouble, diabetes, and psychiatric. Adults with disabilities that impact school achievement are disproportionately overrepresented in populations of school dropouts, incarcerated individuals, mental health clients, and the unemployed. Reciprocally, they are under-represented in postsecondary education enrollments, vocational training programs, the population of adults living independently, and in the American workforce (Edgar, 1987; Sitlington, Frank, & Carson, 1993).

Legislative Response to the Problem

A strong American commitment to meeting the needs of adults with disabilities in education and the workforce is reflected in recent legislation including the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, the Carl Perkins Act, and the Americans with Disabilities Act. The need for improved educational and employment outcomes for all adolescents and young adults is also acknowledged in the School to Work Transition Act of 1993 which is

jointly administered by the U.S. Department of Education and the U.S. Department of Labor (USDOE & USDOL, 1993). Such legislation has mandated the assurance of reasonable and appropriate accommodations.

While each of these legislative acts address different aspects of the education, employment, and independent living of adults with disabilities, they all reflect a commitment to ensuring that the unique needs of adults arising from their disabilities do not prevent them from fully participating in education, employment, and communities as productive members.

The Gap from Policy to Practice

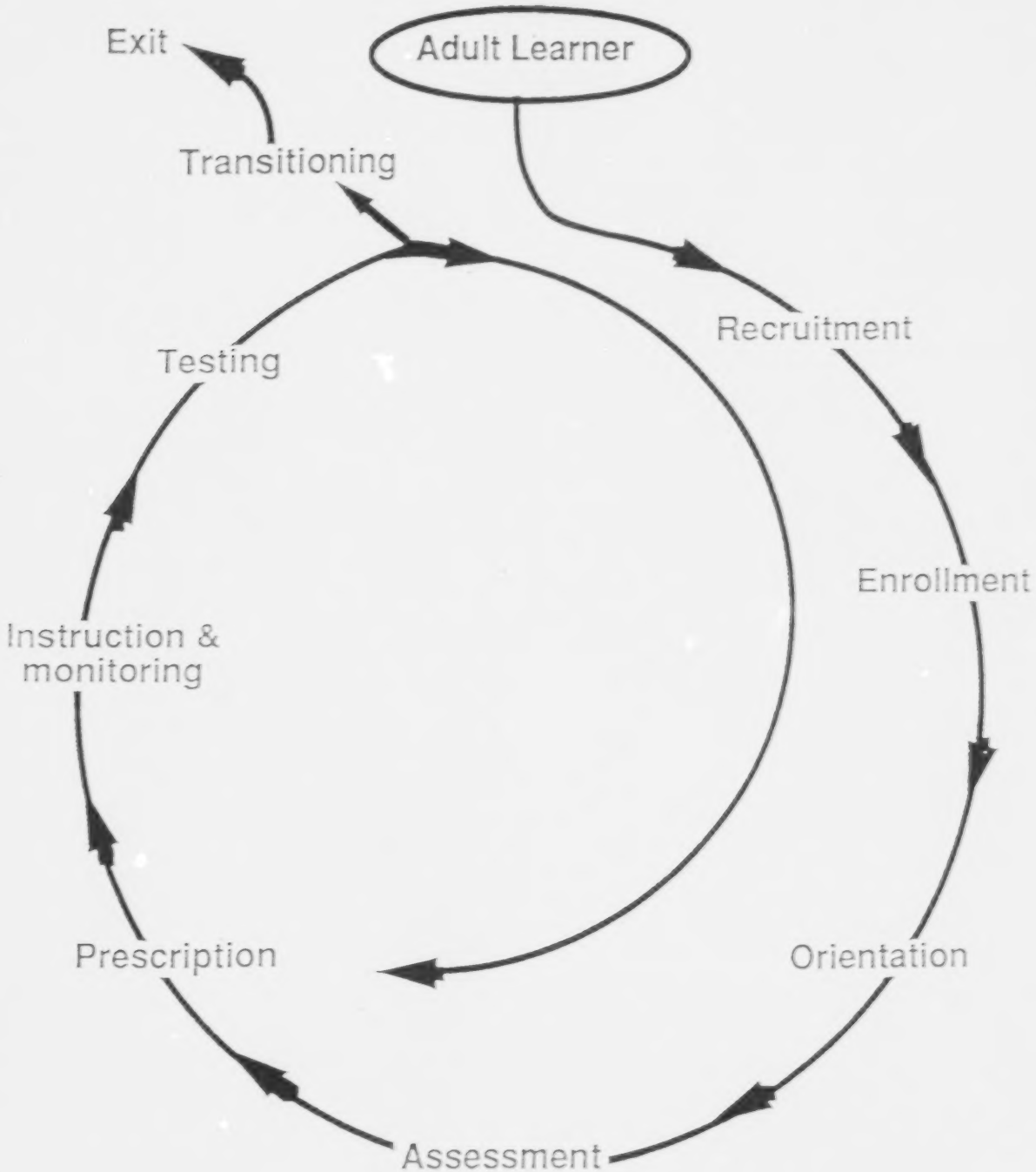
Individuals with disabilities have a difficult experience in AE programs. Figure 1 presents the traditional sequence of activities in AE programs. Project staff and several adult educators researched and developed the sequence depicted. As is shown in the diagram, the adult student's experience begins with recruitment into the program, and eventually culminates with transition out of the program. (For many adult students with disabilities exiting occurs earlier in the sequence, due to a lack of effective accommodations.) The challenge of providing appropriate accommodations to adults is heightened by recognizing that such accommodations must meet the needs of adults with disabilities without unduly advantaging the individual, resulting in under-preparedness for post-education options or unduly burdening the AE program and its nondisabled participants. To better meet the educational needs of adults with disabilities, AE programs need to determine how best to accommodate these individuals in their education. Accommodations include transportation and access alternatives, policy adaptations, and new and alternative materials and instructional practices. Adult educators and adults with disabilities recognize the need for accommodations yet lack a systematic approach to identify and select appropriate accommodations.

Conceptual Model

Because a limited working knowledge of effective education-related accommodations exists for adults with disabilities, our project intends to create "national dialogue" regarding accommodations. At the outset of this project, "accommodations" were defined as any change in the environment or the way in which tasks are typically completed that permits the person with a disability to have a fair opportunity. For any accommodation to be appropriate and effective, three factors must be considered: (a) the functional needs of the student in relation to the task, (b) relevancy of the accommodation, and (c) legality of the accommodation. An effective accommodation is also one that is consistent with the legal rights of the student to accommodations in the education setting and future settings where the learned skills may be applied, such as the workplace.

Figure 1

Adult Education Program Cycle



As shown in the outer ring of Figure 2, the selection and use of programmatic accommodations provides an expansion of current procedures in AE programs. The nature of the accommodations of each step of the sequence would enhance existing services, thus programs would at a minimum remain the same but be enhanced. However, the scope of the programs would be considerably enlarged by the provision of a variety of ways to respond to the functional needs of individuals with disabilities. A small sampling of those responses are indicated in the outer ring of Figure 2 and include, but are not limited to, attention to physical accessibility, auxiliary accessibility (e.g., parking), academic support services, extended time for study or testing, material alternatives, interpretive support services, assistive technology, and curriculum modifications.

Initially, the theoretical foundations for our accommodations model derived from an information processing perspective. Briefly, information processing capacities can be divided into sensory, perceptual, organizational, and responsive constructs. Each of these constructs can serve to define an individual's needs for accommodations, regardless of the disability category. In addition to these four constructs is the construct of metacognition, that is, how individuals monitor and guide their information processing performance (Gagne, 1985; Mayer, 1987).

Our initial optimism of this information processing approach faded quickly as we began our data collection activities with AE learners and instructors. The framework was too different from common perspectives of accommodations and not easily supported in an AE setting. Thus, the model based on information processing would have required significant changes. Happily, we were also able to identify another approach for understanding and planning accommodations that did meet the utilitarian concerns of both educators and adult learners.

From the work of Dunn, Brown, McClain, and Westman (1994), Dunn, Brown, and McGuigan (1994) and Smith (1993), we were guided to the Ecology of Human Performance (EHP) model. The EHP model was developed by occupational therapists who believe that an integrated view of persons' abilities, tasks, and context is important in understanding and planning interventions. This view was important because of how it fit with our formal view that accommodations should be selected according to their perceived utilities and applications across multiple environments, not because some accommodations are linked to particular disabilities. Figure 3 visually represents a list of functional needs, several components of the EHP model for accommodation strategies, and its application to matching accommodations. In her enclosed paper, Winnie Dunn provides a much more detailed description of the EHP model and its application to our work.

Knowledge of important factors and how to consider them when selecting accommodations is often lacking for both enrollees and AE staff.

Figure 2

Adult Education Program Cycle With Accommodations

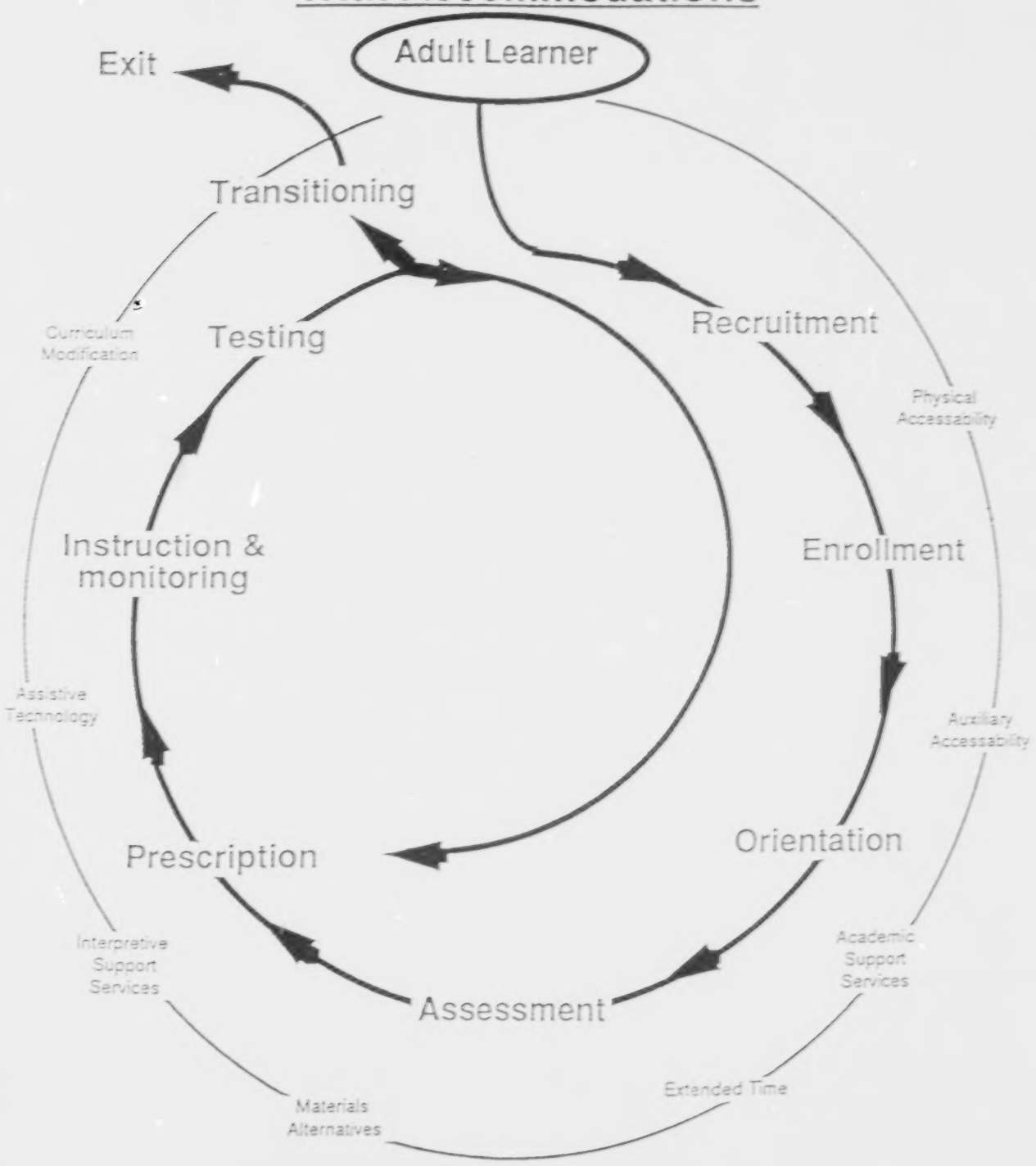


Figure 3

ACCOMMODATIONS MODEL:
Matching Functional Needs with Appropriate Accommodations Through the Ecology of Human Performance Framework

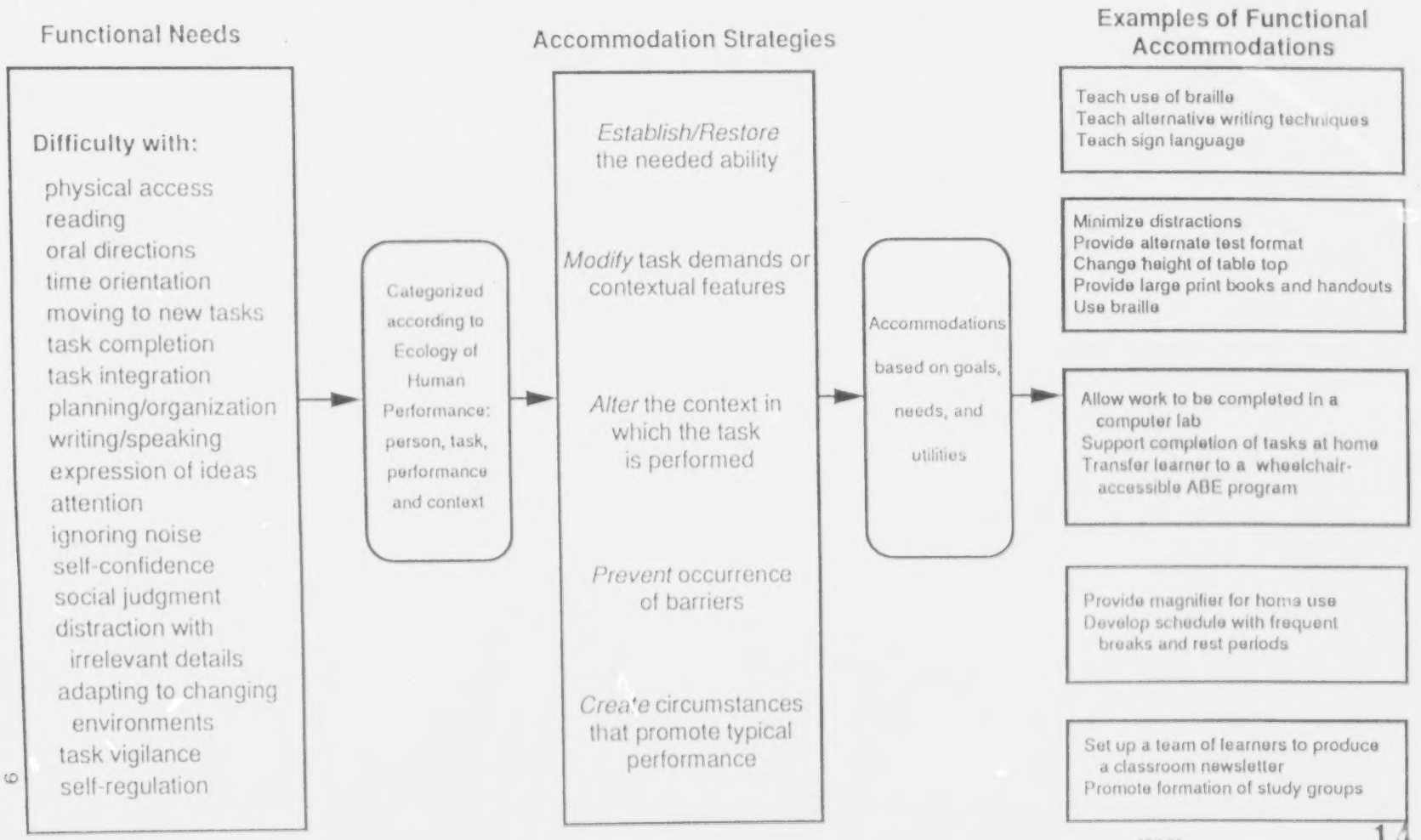

Functional Needs
Difficulty with:
physical access
reading
oral directions
time orientation
moving to new tasks
task completion
task integration
planning/organization
writing/speaking
expression of ideas
attention
ignoring noise
self-confidence
social judgment
distraction with irrelevant details
adapting to changing environments
task vigilance
self-regulation
Categorized according to Ecology of Human Performance: person, task, performance and context
Accommodation Strategies
Establish/Restore the needed ability
Modify task demands or contextual features
Alter the context in which the task is performed
Prevent occurrence of barriers
Crea'e circumstances that promote typical performance
Accommodations based on goals, needs, and utilities
Examples of Functional Accommodations
Teach use of braille
Teach alternative writing techniques
Teach sign language
Minimize distractions
Provide alternate test format
Change height of table top
Provide large print books and handouts
Use braille
Allow work to be completed in a computer lab
Support completion of tasks at home
Transfer learner to a wheelchair-accessible ABE program
Provide magnifier for home use
Develop schedule with frequent breaks and rest periods
Set up a team of learners to produce a classroom newsletter
Promote formation of study groups

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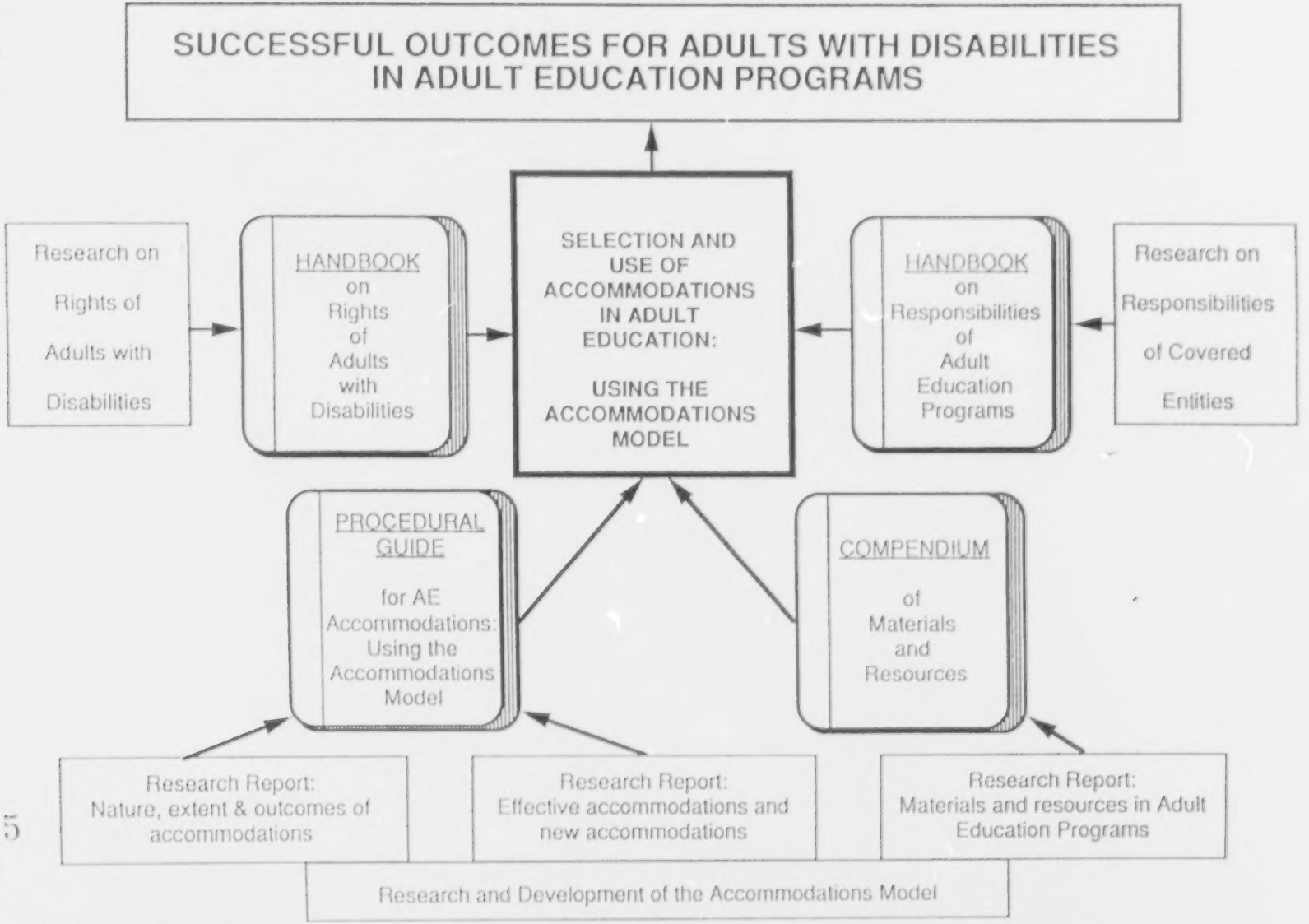
Figure 4


SUCCESSFUL OUTCOMES FOR ADULTS WITH DISABILITIES IN ADULT EDUCATION PROGRAMS
Research on Rights of Adults with Disabilities
HANDBOOK on Rights of Adults with Disabilities
SELECTION AND USE OF ACCOMMODATIONS IN ADULT EDUCATION: USING THE ACCOMMODATIONS MODEL
HANDBOOK on Responsibilities of Adult Education Programs
Research on Responsibilities of Covered Entities
PROCEDURAL GUIDE for AE Accommodations: Using the Accommodations Model
COMPENDIUM of Materials and Resources
Research Report: Nature, extent & outcomes of accommodations
Research Report: Effective accommodations and new accommodations
Research Report: Materials and resources in Adult Education Programs
Research and Development of the Accommodations Model

KUIKSU, NIDRR #H133A50008

As shown in Figure 4, products and materials based in participatory research which are to be developed will include the following:

(a) the Handbook of Rights for adults with disabilities,

(b) the Handbook of Responsibilities of adult education programs to provide accommodations for individuals with disabilities;

(c) a Report on the Nature, Extent and Outcomes of Accommodations in AE programs;

(d) a Report on Effective and New Accommodations;

(e) a Report on Materials and Resources available for use in AE programs;

(f) a Procedural Guide for implementing the Accommodations Model; and

(g) a Compendium of Materials and Resources.

These materials will be directly useful to enrollees and AE staff in efficiently selecting appropriate accommodations and meeting the legal obligations of both adult learners and program staff.

One more clearly distinguished area in which we anticipate a significant impact is in the development of national policy. The Americans with Disabilities Act has given national attention to the rights of individuals with disabilities. We anticipate that the results will be informative as additional policies, regulations, and legislation are debated.

Organization of the Symposium

The symposium presenters include project staff, consultants to the project, and state directors of adult education or their designees. The state directors have a high level of interest in the development of the materials. They are from the nine states that will participate in the field test of the materials. The symposium agenda is provided to give an overview of the day's activities and content. We intended for the symposium discussion to provide us with information about the development of our materials (e.g., reports, handbooks, compendium, and guide) and to broaden the dialog for all of the presenters and audience participants.

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RESULTS OF NATIONAL SURVEY AND STATE INTERVIEWS

By Jean Hall

Project activities included **(a)** a national survey of adult education programs and **(b)** interviews with both adult educators and adult learners at 28 adult education programs in Kansas. Results from these surveys have provided data about the nature and effectiveness of current accommodations and also a few surprises about the demographics of adult learners with disabilities.

Kansas Adult Learner Interviews

From our interviews of 23 adult learners with disabilities in Kansas, we learned the following:

- Most (83%) adult learners reported having two or more disabilities;
- The disabilities identified as having the most impact were learning and health disabilities;
- Most (61%) of the learners didn't know anything about their civil and entitlement rights under federal law.

Kansas Adult Educator Interviews

From our interviews of adult educators in Kansas, we learned that most (88%) are comfortable with providing accommodations, or see it as a necessity, but are frustrated by time and financial constraints. The adult educators noted a positive effect of accommodations on learners in the form of increased social interaction, increased confidence and self-esteem, and increased levels of trust and relaxation. Adult educators most frequently judged an accommodation's effectiveness by student improvement on classwork and tests, and on learner feedback.

National Adult Educator/Program Surveys

The national survey provided information in many areas, including student demographics, barriers to providing accommodations, and information on the effectiveness of specific accommodations. A total of 622 surveys were returned, and more than 100 variables were analyzed. On average, respondents estimated that almost *one third* of their students had some type of disability, but only about half of those disabilities were verified. Learning disabilities, mental retardation, multiple disabilities, and health disabilities were the four disability types most frequently encountered. When asked to identify barriers to providing appropriate accommodations, resource limitations were most frequently cited. Program staff listed limited budget, limited staff, lack of training and inadequate resources for assessments as the largest barriers.

Information about the types and effectiveness of accommodations for specific disabilities was also gathered in the national survey. Educators were asked to rate the effectiveness of a given accommodation on a scale of 1 to 9, with 9 being the most effective. The results are summarized in the following table. Several conclusions can be drawn from these data. First, the majority of effective accommodations are low cost or at no cost. Second, the same accommodation is often effective across disabilities/functional needs.

Disability	Most Effective Accommodations (mean rating)
Overly active/difficulty sitting	Avoid lengthy periods of desk work (6.67) Provide a carrel (6.29)
Difficulty with verbal expression	Give extra response time (6.64) Computer-synthesized speech (6.52) Organizational aids (i.e., cue cards) (6.43) Sign language (6.43)
Distractible/difficulty staying on task	Provide checklists for assignments (6.28) Use carrel (5.93)
Difficulty paying attention to oral directions	Give explanations in small, distinct steps (6.72) Provide visual cues on chalkboard or overhead (6.65) Have learner repeat directions orally, or use a written clue (6.58) Provide study buddy (6.58)
Difficulty reading	Allow extra time (7.18) Provide shorter assignments (6.88) Audiotape material and allow reading along (6.86) Use large print (6.79)
Difficulty expressing self in writing	Give extra time for written assignments and shorten amount required, if possible (6.78)

Disability	Most Effective Accommodations
Difficulty getting started	Break work into smaller amounts (6.65) Assign peer coaches (6.52)
Difficulty using a computer	Table height adjustment (7.14) Larger display (6.87) Screen to cut glare (6.60) Computer in study carrel (6.50) Use mouse, not keyboard (6.41)
Difficulty solving math problems	Increased time (6.93) Smaller tasks (6.93) Computer software (6.84) Manipulatives (6.74) Calculator (6.69)
Difficulty writing legibly	Scribe/recorder (7.10) Allow typing or word processing (7.05) Dictate to someone else (7.02) Extended time for completion (6.93)
Difficulty taking tests	Reader (7.26) Scribe/recorder (7.20) Increased time (7.14) Separate testing area (7.09) Large print (7.06) Shortened test periods (7.00)
Difficulty hearing	Visual clues (7.20) Interpreter (7.18) Placement in room (7.03)

The interviews and surveys confirmed that large numbers of learners with disabilities participate in adult education programs, and that the majority of learners with disabilities experience multiple disabilities. Most often, these learners are unaware of their legal rights. Adult educators acknowledge the positive impact of accommodations on learners with disabilities, and are generally willing to provide accommodations. However, educators and programs face many barriers in attempting to do so. As project activities continue, we will work to address the issues identified in the interviews and surveys, including the need to increase learners' knowledge of their legal rights and to decrease both real and perceived barriers to educators and programs in providing appropriate accommodations to adult learners with disabilities.

Demographics

"Is your program physically accessible?"

Accessible?	%
Yes	96.4
No	3.6

Demographics

"Which of the following best describes your program offerings?"

Program Offering	%
Adult basic education	89.3
Adult secondary education or GED	76.9
English for speakers of other languages	63.9
Family literacy	34.3
Workplace literacy	31.7

Demographics

"As you answered questions Q6 through Q11 (Form A) or questions Q6 through Q12 (Form B), what percentage of the learners you thought about had verified disabilities?"

Average percentage = 39.54

"How many years of experience do you have as an adult educator?"

Average number of years = 9.85

Demographics

"Which of the following best describes the geographic location of your program?"

Location	%
Rural	40.4
Suburban	23.2
Urban	21.3
Rural, Sparsely Populated	10.1
Inner City	5.5

Demographics

"What percentage of adults served by your program would you estimate have a disability?"

"What percentage of adults served by your program have verified disabilities (i.e., have had a formal assessment conducted)?"

	Number of responses	Average Percent
Estimated Disability	522	31.92
Verified Disability	491	18.64

Demographics

"Approximately how many adult learners are enrolled in your program in any given year? (Enrolled means that they attended at least three instructional sessions.)"

Program Size	%
Less than 200 adults	43.6
200 to 300 adults	15.7
300 to 500 adults	11.8
500 to 1000 adults	8.8
More than 1000 adults	20.2

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Demographics

"How is your program sponsored?"

Sponsor	%
Local school district	53.0
Community based agency	21.2
Community college	12.3
Corrections	5.4
Public library	5.2
Housing authority	2.8

Demographics

"Which of the following best describes your present position?"

Position	%
Adult Education Director/Coordinator	64.2
Adult Education Instructor	33.8
Other	2.2

Demographics

"What barriers have prevented your program from providing appropriate accommodations for adults with disabilities?"

Barrier	%
Limited budget	75.4
Limited staff	56.1
Lack of training	42.1
Inadequate number of agencies for formal assessment referrals	36.6
Ineffective assessment tools	36.3
Inappropriate instructional materials	22.8
Instruction is predominantly group-oriented versus individually based	16.0

Demographics

"How does your program's staff know when they are working with an adult who has a disability?"

Source	%
Observation	77.2
Individual indicates special ed. participation	67.1
Physical appearance	48.5
Self report	48.3
Center created assessment/intake form	46.0
Vocational rehabilitation report	42.3
Welfare or Social Service report	40.8
Formal verification (e.g., psychological report)	39.9
Previously tried techniques haven't worked	33.6
Medical report	30.1
Corrections report	17.6
No set procedure	16.7

Demographics

"Please indicate the percentage of adults served by your program who have the following disabilities."

Disability	Average % Indicated
Learning disability	23.25
Mental retardation	12.37
Multiple disabilities	11.71
Health disability	10.44
Severe emotional disability	7.77
Physical disability	7.66
Deaf/Hard of hearing	4.42
Blind/Low vision	3.49
Acquired brain injury	2.42

Demographics

"In the last twelve months, how many accommodations have you requested from General Educational Development Testing Service? How many of these requests were approved?"

	Total
Requested	797
Approved	691

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What did we learn from adult educators?

1) Feelings about accommodations:

Most (88%) educators are comfortable with providing accommodations or see it as a necessity.

A few educators feel frustrated, usually because of accessibility problems, including time and financial concerns.

2) Effect of a selected accommodation on social interactions:

Accommodations have a positive effect on social interactions. Adult educators see:

1) Increased social interactions
2) Increased confidence and self-esteem
3) Students who are more trusting and relaxed

3) The effectiveness of an accommodation is evaluated by:

1) Student improvement on classwork and tests
2) Student feedback
3) Positive (unspecified) results with the accommodation.

What did we learn from adult education students with disabilities?

1) Number of disabilities:

1 disability	17%
2 disabilities	17%
3 disabilities	26%
4 disabilities	35%
5 disabilities	5%
Total: 87 disabilities	23 students

2) Disabilities with the most impact:

Learning Disabilities
Health Disabilities

3) What students know about their rights:

Most (61%) students don't know anything about rights for persons with disabilities.
A few had heard about rights to access and employment.

Question 6, Form A

"Think of three learners with disabilities who are overly active and have difficulty sitting and working quietly. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Avoid lengthy periods of desk work	85.6	6.67
Organize work area so it is free from distractions	84.2	5.93
Provide a carrel or quiet corner	70.7	6.79
Use timer	14.4	5.40
Use sound absorbing surfaces	11.8	4.99
Use white noise	3.9	4.83

Question 6, Form B

"Think of three learners with disabilities who have difficulty expressing themselves verbally. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Give extra response time	94.8	6.64
Respond in a written format	62.4	5.82
Accept alternative forms of information sharing (demonstrations, taped instead of oral)	59.0	6.19
Organizational aids (i.e., cue cards)	34.8	6.43
Computer synthesized speech	13.8	6.32
Communication board	13.6	6.14
Sign language	12.7	6.43

Question 7, Form A

"Think of three learners with disabilities who are very distractible, daydream or create activity before completion and have trouble staying on tasks, though they may stay seated and appear to be working. Did you use any of the following accommodations?

Accommodation	% Used	Average Effectiveness
Provide checklists for completed assignments and those waiting submission	83.6	6.28
Provide specified time frame for task completion	68.3	5.61
Use Carrel	33.0	5.93
Use card with a window cut into the frame while reading	23.7	5.68

Question 7, Form B

"Think of three learners with disabilities who have difficulty reading class material and/or books. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Allow extra time	96.8	7.18
Provide shorter assignments	82.1	6.88
Allow another learner to read material to learner before learner is required to read	49.1	6.65
Use large print	43.1	6.79
Tape the material and allow reading along	40.4	6.86
Rewrite the student's text	27.9	6.49

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Question 8, Form A

"Think of three learners with disabilities who have difficulty paying attention to oral directions or the spoken word. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Give explanations in small, distinct steps	93.5	6.72
Provide written copy of oral directions and lectures	70.6	6.27
Have learner repeat directions orally, or use written clue	68.6	6.38
Provide visual cues on chalkboard or overhead	68.3	6.65
Provide study buddy	47.9	6.38
Provide tape recorder	38.6	5.96

Question 8, Form B

"Think of three learners with disabilities who have difficulty spelling. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Provide dictionary	89.0	5.80
Allow use of electronic spell checker	31.6	6.93

Question 9, Form A

"Think of three learners with disabilities who have difficulty getting started, often delaying and procrastinating. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Break work into smaller amounts	84.1	6.63
Help learner set time goals for each task	67.2	6.20
Help learners develop a checklist for each step of the task	50.8	6.27
Assign peer coaches	32.9	6.32
Use a timer	13.0	5.87

Question 9, Form B

"Think of three learners with disabilities who have difficulty expressing themselves in writing. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Give more time for written assignment and shorten the amount required if possible	89.9	6.38
Have the learner prepare an outline, brief notes, or short phrases to show knowledge	61.7	6.30
Accept alternative forms of reporting (i.e., oral report, tape recorder dictation)	56.9	6.61
Allow student to dictate work to someone else	41.0	6.61

Question 10, Form A

"Think of three learners with disabilities who have difficulty using the computer. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Use mouse, not keyboard	57.7	6.41
Screen to cut glare	31.0	6.60
Table height adjustment	30.4	7.14
Larger display	28.8	6.87
Software for sequential, not simultaneous, key strokes	25.4	6.18
Computer in study carrel	22.3	6.30
Speech recognition	18.8	6.20
Head pointer	3.6	3.24

Question 10, Form B

"Think of three learners with disabilities who have difficulty solving math problems. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Increased time	93.7	6.93
Smaller units	82.5	6.93
Calculator	69.2	6.69
Computer software	68.6	6.84
Manipulatives	67.3	6.74
Graph paper	31.3	6.23
Abacus	6.4	3.23

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Question 11, Form A

"Think of three learners with disabilities who have difficulty hearing. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Visual clues	70.6	7.20
Placement in room	68.9	7.03
Organizational aids (i.e., cue cards)	45.2	6.90
Tactile clues	43.4	6.84
Interpreter	20.8	7.18
Speech amplification device	13.5	6.30
Compressed speech	4.8	5.07

Question 11, Form B

"Think of three learners with disabilities who have difficulty taking tests. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Increased time	89.3	7.14
Separate testing area	72.7	7.09
Shortened test periods	33.4	7.00
Reader	36.5	7.26
Large print	35.9	7.06
Computer administration	33.8	6.62
Audio tape presentation of items	26.7	7.04
Spell checker	21.9	6.89
Scribe/recorder	20.1	7.20
Use of record booklet vs. separate answer sheet	17.6	6.71
Braille	3.6	6.15

Question 12, Form B

"Think of three learners with disabilities who have difficulty writing legibly. Did you use any of the following accommodations?"

Accommodation	% Used	Average Effectiveness
Extended time for completion	86.7	6.93
Avoid setting time limits	79.5	6.69
Use manuscript paper or lined paper	75.4	6.44
Shortened work intervals	65.9	6.67
Allow learner to type or use word processing	61.2	7.05
Allow student to copy from near point instead of copying from board	61.8	6.60
Provide an alphabet chart	51.4	6.44
Use wideline paper	45.3	6.24
Have learner dictate to someone else	35.9	7.02
Scribe/recorder	25.4	7.10
Use graph paper to help space letters	19.2	6.35
Adapted work surface	17.9	6.58
Use adapted pencil or pen for better grip	15.7	6.01
Use oversized pencil	13.4	5.77
Use a paper stabilizing device	12.6	6.39
Use universal cuff	3.5	5.14
Use textured paper (raised lines)	2.2	5.69

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Presenters

Introduction

Daryl Mellard, Ph.D.
Co-Principal Investigator
Center for Research on Learning
University of Kansas

Results of National Accommodations Survey and Interviews

Warren White, Ph.D.
Co-Principal Investigator
Department of Special Education
Kansas State University

Topic 1: Ecology of Human Performance

Consultant: Winnie Dunn, Ph.D., OTR, FAOTA
Professor and Chair, Department of Occupational Therapy Education
University of Kansas

Mary Pat Gilbert, OTR
Kathy Parker, OTR
Faculty, Department of Occupational Therapy Education
University of Kansas

Responses: Janet S. Stotts
Adult Education Consultant
Kansas State Board of Education

Cheryl Keenan
Director, Bureau of Adult Basic & Literacy Education
Pennsylvania Department of Education

Topic 2: Legal Issues of Access and Accommodations

Consultant: Wendy Wilkinson, J.D.
Project Coordinator, Institute for Rehabilitation & Research

Responses: Karen Liersch
Adult Education Director
Arizona Department of Education

Jim Lindberg
Adult Education Director
California Department of Education

Topic 3: Intervention Issues

Consultant: Richard Cooper
Director, Center for Alternative Learning

Responses: Jean DeVard-Kemp
Assistant Commissioner
Office of Adult Literacy
Georgia Department of Technical & Adult Education

Brian Kanes
Adult Education Director
Minnesota Department of Children, Families & Learning

Topic 4: Accommodating Adults with Severe Emotional Disturbance

Consultant: Karen Unger
Director, Rehabilitation Through Education

Responses: Eloise Johnson
Director of Adult Education
Mississippi State Board for Community & Junior Colleges

Bernadette Chavira-Merriman
Project 321 Director, Santa Fe Community College
Speaking on behalf of:

Muriel Lawler
State Director of Adult Basic Education
State of New Mexico, Department of Education

Topic 5: Accommodating Adults with Disabilities in Adult Education

Presenter: Sandy Delgado
Branch Supervisor, Instructional & Volunteer Services Branch
Kentucky Department for Adult Education & Literacy

Topic 1: Ecology of Human Performance Model

Winnie Dunn discusses how the Ecology of Human Performance (EHP) model serves as a framework for considering the impact of context on an individual's performance. She emphasizes that it is impossible to understand a person without also understanding his or her context. She then explains how the EHP framework can help adult educators in identifying the needs of learners with disabilities and in designing strategies to meet those needs. Finally, she presents five strategies for addressing identified needs: Establish/Restore, Modify/Adapt, Alter, Prevent, and Create, with examples given for each. Respondents discuss the advantages and limitations in using the EHP model when providing accommodations within adult education settings.

THE ECOLOGY OF HUMAN PERFORMANCE FRAMEWORK: A MODEL FOR IDENTIFYING AND DESIGNING APPROPRIATE ACCOMMODATIONS FOR ADULT LEARNERS

By Winnie Dunn
Mary Pat Gilbert
Kathy Parker

Adult educators face many challenges as they serve individuals in their community programs. Many consumers in adult education programs have unique learning needs, but as professionals have become familiar with the learning characteristics of persons with specific disabilities, the challenges have taken on new features. For example, adult educators must now understand how to respond to inquiries and requests to accommodate learning tasks and environments so that consumers can participate successfully. Even though many adult educators have made accommodations and adaptations for learning throughout their programs, with the focus on disabilities, there is an increasing need to know how to organize these strategies so that they can be applied at the right time for the right needs.

Although it is always possible to develop one's own framework for thinking about a problem, it is also useful to solicit knowledge and expertise of other disciplines which may have addressed aspects of the problem already. It has been uncommon for adult educators to work with occupational therapists, but occupational therapy has knowledge and expertise to support all types of accommodations. With an emphasis on identifying and designing the best ways to support persons to conduct their daily lives, occupational therapists can collaborate with adult educators to address the learning issues in adult education programs. This paper offers a framework (i.e., the Ecology of Human Performance) for organizing adult education knowledge to make it useful for the accommodations that are necessary to support the mandates of the Americans with Disabilities Act.

Why Would Occupational Therapists be Involved in Adult Basic Education?

The first issue that must be addressed in this discussion is: "Why would occupational therapists be involved (or interested) in adult basic education?" There are four primary reasons why occupational therapists are good partners for adult educators. First, occupational therapists are concerned with enabling persons to live satisfying lives. This overarching philosophy provides a mechanism for examining the issues that face persons each day, which is also a primary focus for adult educators as they become involved in the persons' lives.

Second, occupational therapists have expertise in identifying the factors that facilitate or create barriers to performance. Occupational therapists consider task, knowledge and skills, and environmental issues as they try to

discover what helps persons to be successful, and what might be getting in the way of persons completing necessary or desired tasks and meeting their goals. Task issues include performance of the daily life tasks themselves (i.e., self care, work, play/leisure). Knowledge and skill issues refer to the components of task performance (i.e., sensorimotor, cognitive, psychosocial features of performance); these components are part of the person's repertoire. Environmental issues refer to the contexts for performance (i.e., physical, social, cultural, temporal aspects of a person's environment); we must not only consider the person's ability to perform tasks, but also where tasks are performed because the context can make it easier or harder to do things.

Third, occupational therapists have expertise in the transactions among persons, tasks and contexts and how this transaction can be adjusted to support what the person wants or needs to do. Therefore, this is an important discipline to contribute to the process of designing accommodations for persons who have various learning and performance needs.

Finally, more than one-third of all occupational therapy personnel work in public education settings as their primary employment. Because of this trend, occupational therapists are knowledgeable about educational service models and recognize how to serve persons' needs in education frameworks.

What is the Ecology of Human Performance Framework?

The Ecology of Human Performance is a framework for considering the relationships among persons (i.e., their skills, abilities and experiences), what persons want and need to do (i.e., their desired task performance) and where they need to conduct their daily lives (i.e., the contexts for desired performance) (see Figures 1 and 2). Persons and their contexts are unique and dynamic. It is impossible to understand the person without also understanding the person's context (i.e., persons are imbedded in their contexts). Persons influence contexts and contexts influence persons as task performance occurs.

A person who wishes to read the menu at a restaurant when out with friends may need different strategies and accommodations to be successful than a person who wishes to read a letter from a family member while at home in the evening. In the restaurant, there are cues in the environment (e.g., other persons talking about the menu, pictures, people eating something of interest at a nearby table). At home, the person may need to read less familiar words without other cues about the letter content.

The range of a person's performance is determined by considering the person's skills, abilities and experiences and the context within which the person must conduct daily life. A person's performance range can be enhanced or limited by the person's skills and by the context (see Figures 4 and 5).

A person wishes to log activities for his construction work. If he has typing skills, but a poor ability to write with a pencil, and has no computer at the construction site, his performance range will be limited, because the context does not support his desired task performance, even though he has a skill that could (i.e., typing ability).

The EHP offers a comprehensive framework for designing strategies to support a person's performance. The EHP framework enables professionals to consider not only the skills the person might be able to develop, but also the skills the person already has and ways to change tasks and contexts to facilitate successful performance. The EHP does not presume that the person bears the total responsibility to be fixed. Rather, the focus is on the transaction between the person's skills and the resources of the context; any aspect that can be addressed to enable better and more satisfying performance is a viable strategy.

The EHP framework offers five strategies for addressing persons' needs (see Figure 6). The **Establish/Restore** strategy addresses a person's ability to perform in context. When the adult educator knows about a person's individual strengths and needs (e.g., poor memory, good attention), strategies can be designed to take advantage of strengths while working on performance skills that are weak and are keeping the person from achieving desired outcomes.

The **Modify/Adapt** strategies address contextual features and task demands so they support the person's performance in context. These strategies acknowledge what the person's strengths and needs are and build around them, so that the weak areas do not interfere with performance. For example, if a person has a poor memory, the provider might suggest using "post-it notes" in books, cue words on the cabinets and refrigerator, or a desk arrangement that reminds the person of important information or tasks. These strategies don't fix the memory problem, but rather keep the memory problem from interfering with performance.

The **Alter** strategies address the possible need to find an optimal context for the person. This means that the professional and the person acknowledge both the person's skills and needs, and the natural features of various contexts, then search to find the best possible match between the two (i.e., without changing the person's skills or the demands/ characteristics of the context). If a person is very distractible visually, one might find a grocery store that will deliver groceries from a list. We would not ask the person to get "less distractible," nor would we ask the grocery store to change its procedures. However, the result would be a better performance outcome.

The **Prevent** strategies address our ability to anticipate a problem in the future. When using this strategy, it is important to remember that the problem does not currently exist, but is likely to occur in the future if no

changes are made in the current pattern of living. We don't have to wait for a person to face failure before offering a strategy for making a situation better. For example, if we anticipate that a person would have difficulty in a larger social situation, we could design a plan for the person to have a more familiar person closely available to support interaction rather than waiting for an embarrassing situation to occur and then "fixing" it.

The **Create** strategies address circumstances that promote more typical or complex performance in context. We select these strategies when it would be useful to apply our professional expertise in situations that all persons experience. The focus of these strategies is not on disabilities, but rather the use of one's knowledge and expertise to solve a community problem. For example, occupational therapists might collaborate with a company to design a workplace that is easier for everyone to use (e.g., adjustable tables and chairs), or work with a community to design a playground that stimulates optimal exploration by every child, not just children who have disabilities. These strategies might be used less in current adult education programs.

How Can EHP be Useful in Adult Basic Education Programs?

The EHP framework and adult basic education have complementary philosophies. First, the EHP framework is a model for identifying needs and designing strategies to support more functional performance in daily life; adult basic education programs share the focus of supporting persons' functional abilities. Second, the EHP framework embraces both person and context strengths as critical resources for addressing performance needs; in adult basic education programs the educators identify and take full advantage of the person's adaptive strategies as clues for future successes in learning. Third, in the EHP framework, the person's specific diagnosis or disability category is not relevant to planning strategies with the person--the focus is on *what* the person wants and needs to do; in adult basic education the educator and the person work together to identify strengths and barriers to learning separate from known or unknown disability categories.

The EHP framework can help adult basic educators make systematic decisions about identifying needs and designing strategies that match those needs. The EHP offers adult basic educators a broad-focused and systematic method for planning accommodations to support the person's performance. The EHP provides a mechanism for making decisions about persons' goals and skills, tasks they wish to perform, and for considering the contextual supports and barriers to successful performance. The EHP also enables adult educators to organize their knowledge and expertise in order to make decisions about which accommodation strategies would be the best match for the person (i.e., establish/restore, modify/adapt, alter, prevent, or create).

How can OT's Provide Support for the Accommodation Process in Adult Basic Education?

Occupational therapists and adult basic educators are excellent partners when serving persons who have learning needs. The adult basic educator contributes expertise in skill development in the content area(s) of interest to the person being served. The occupational therapist contributes expertise about the relationships between the desired performance and possible task or context adaptations that can better support successful performance. With these areas of expertise, both are interested in better functional abilities, both consider the person's strengths and contextual supports as contributors to a successful outcome, and both focus on performance needs rather than labels. With this partnership, consumers in adult education programs have access to wonderful opportunities to have successful and satisfying lives.

ECOLOGY OF HUMAN PERFORMANCE (EHP) DEFINITIONS

Person: An individual with a unique configuration of abilities, experiences, and sensorimotor, cognitive, and psychosocial skills.

A. Persons are unique and complex and therefore precise predictability about their performance is impossible.
B. The meaning a person attaches to task and contextual variables strongly influences performance.

Task: An objective set of behaviors necessary to accomplish a goal.

A. An infinite variety of tasks exists around every person.
B. Constellations of tasks form a person's roles.

Performance: Performance is both the process and the result of the person interacting with context to engage in tasks.

A. The performance range is determined by the interaction between the person and the context.
B. Performance in natural contexts is different than performance in contrived contexts (ecological validity, Bronfenbrenner, 1979)

Context: The AOTA Uniform Terminology (3rd ed.) definition for context is as follows:

Temporal Aspects (Note: Although temporal aspects are determined by the person, they become contextual due to the social and cultural meaning attached to the temporal features):

1. Chronological: Individual's age.
2. Developmental: Stage of phase of maturation.
3. Life Cycle: Place in important life phases, such as career cycle, parenting cycle, educational process.
4. Health Status: Place in continuum of disability, such as acuteness of injury, continuum of disability, or terminal nature of illness.

Environment:

1. Physical: Non-human aspects of context (includes the natural terrain, buildings, furniture, objects, tools, and devices).
2. Social: Availability and expectations of significant individuals, such as spouses, friends, and caregivers (also includes larger social groups which are influential in establishing norms, role expectations, and social routines).
3. Cultural: Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the individual is a member (includes political aspects such as laws, which shape access to resources and affirm personal rights; also includes opportunities for education, employment, and economic support).

Therapeutic Intervention: Therapeutic intervention is a collaboration between the person/family and the occupational therapist, directed at meeting performance needs.

Therapeutic interventions in occupational therapy are multifaceted and can be designed to accomplish one or all of the following.

Establish/Restore a person's ability to perform in context.

Therapeutic intervention can establish or restore a person's abilities to perform in context. This emphasis is on identifying the person's skills and barriers to performance, and designing interventions that improve the person's skills or experiences.

Adapt contextual features and task demands so they support performance in context.

Therapeutic interventions can adapt contextual features and task demands so they are more supportive of the person's performance. In this intervention, the therapist changes aspects of context and tasks so performance is more possible. This can include enhancing some features to provide cues or reducing other features to reduce distractibility.

Alter the actual context in which people perform.

Therapeutic interventions can alter the context within which the person performs. This intervention emphasizes selecting a context that enables the person to perform with current skills and abilities. This can include placing the person in a different setting that more closely matches current skills and abilities, rather than changing the present setting to accommodate needs.

Prevent the occurrence or evolution of maladaptive performance in context.

Therapeutic interventions can prevent the occurrence or evolution of barriers to performance in context. Sometimes therapists can anticipate that certain negative outcomes are likely without interventions to change the course of events. Therapists can create interventions to change the course of events. Therapists can create interventions that address person, context, and task variables to change the course, thus enabling functional performance to emerge.

Create circumstances that promote more adaptable/complex performance in context.

Therapeutic interventions can create circumstances that promote more adaptable performance in context. This therapeutic intervention does not assume a disability is present or has the potential to interfere with performance. This therapeutic choice focuses on providing enriched contextual and task experiences that will enhance performance.

ECOLOGY OF HUMAN PERFORMANCE

Figure 1

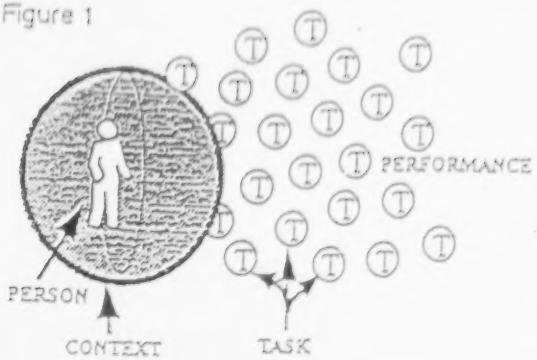

Figure 2

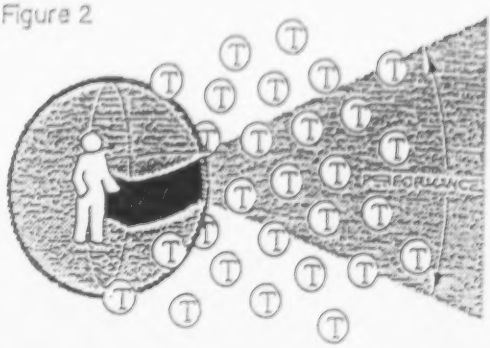

Figure 3

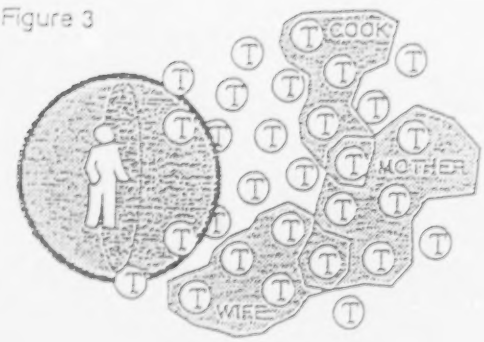

Figure 4

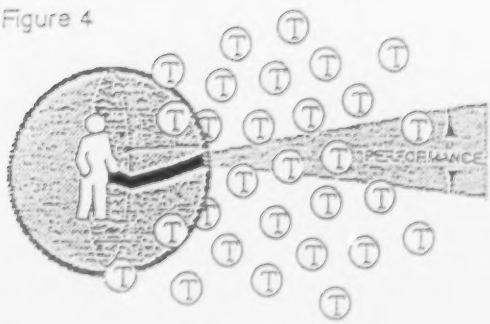

Figure 5

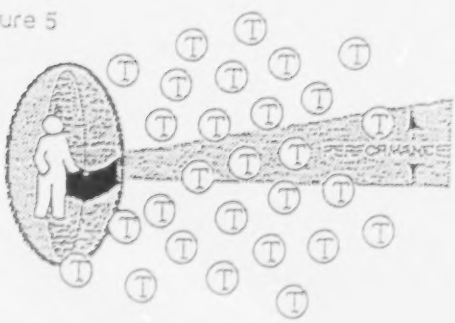

Figure 6

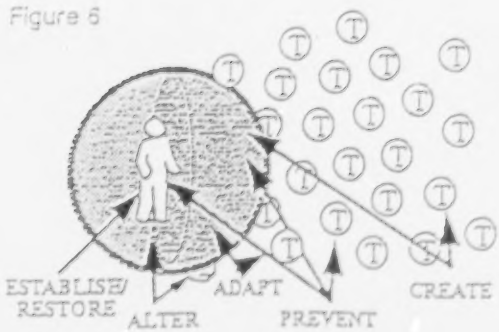

Figure 1: Schemata for the Ecology of Human Performance framework. Persons are imbedded in their contexts. An infinite variety of tasks exists around every person. Performance occurs as a result of the person interacting with context to engage in tasks.

Figure 2: Schemata of a typical person within the Ecology of Human Performance framework. Persons use their skills and abilities to 'look through' the context at the tasks they need or want to do. Person derive meaning from this process. Performance range is the configuration of tasks that persons execute.

Figure 3: Illustration of Roles in the Ecology of Human Performance framework. Life roles are a constellation of tasks. Persons have many roles; some tasks fall into more than one role. These role configurations are unique for each person.

Figure 4: Schemata of a person with limited skills and abilities within the Ecology of Human Performance framework. Although context is still useful, the person has less skills and abilities to 'look through' context and derive meaning. This limits the person's range.

Figure 5: Schemata of limited context within the Ecology of Human Performance framework. The person has adequate skills and abilities, but the context does not provide resources needed to perform. In this situation, performance range is limited.

Figure 6: Illustration of Therapeutic Interventions within the Ecology of Human Performance framework. The arrows indicate the variables that are effected by each intervention.

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ECOLOGY OF HUMAN PERFORMANCE MODEL

Response by Janet S. Stotts

Advantages to using EHP in Adult Education

I agree with the authors when they say that it is too early to tell if there are going to be any advantages to using this model. Although the new introduction that was added states that "the model is prescriptive as well, providing a logical process for determining and selecting interventions to help an individual function in an environment," the original closing section states that "scholars will therefore need to refine these constructs by assessing their adequacy and answering practice-oriented questions." It goes on to say: "A primary question is: 'How do we capture contextual features objectively, and how do we then decide which features are salient for particular performance situations?'" They go on to decry the "tendency to take ideas created through professional dialogue in the literature and regard them as certainty..."

I believe that their original conclusion is correct and that while there are some interesting ideas in this piece that can be fleshed out by further study, this is by no means ready to adopt for practice in occupational therapy; and even less so, to translate into another field. The ideas that are most interesting are the emphasis on considering a person's environment when planning any type of intervention and the five types of interventions that are delineated.

The idea that a person's environment is important to his or her educational planning, regardless of whether the person has a disability, is certainly not a new one to most adult educators. Indeed, it is the foundation of one of the most successful programs in adult education, family literacy. However, the relative newness of an idea is not a reliable measure of its utility, so it is never amiss to remind adult educators of the importance of a student's environment in his or her educational planning.

The five categories of accommodations are also a helpful concept. They can remind adult educators of all the possibilities that should be considered before instruction or testing can begin. However, there are a number of things that must happen before students and educators get to this point. They are covered in the next section.

Challenges Regarding the Use of EHP in Adult Education:
The Differences Between Educators and Therapists

Occupational therapists and adult educators have different degrees of preparation to work with adults who have disabilities. Therapists are specifically trained to work with disabilities in both adults and children. As far as I know, there is no college or university in Kansas, and few enough in

other states, that offer courses in adult basic education for adults with disabilities. Even certified teachers only have a class in "The Exceptional Child" unless they have Special Education certification. And even then, the course work references the K-12 educational system, not working with adults.

This lack of the theoretical background necessary to inform choices regarding curricular interventions combined with a lack of experience working with adults with disabilities is one of the biggest challenges adult educators face, regardless of the model chosen to assist them. This makes it even more imperative that whomever is drawing up the model not make any assumptions about the knowledge base of those who will be implementing the model.

The Americans with Disabilities Act was a huge unfunded mandate for the field of adult basic education. Programs that only have the necessary funding to serve 3% or less of their target population were challenged to expand their service to an expensive population. While a few adult education state offices have managed to get their state's special education funding to apply to their clients in adult education who are 21 or younger, for the vast majority of adult education students, there are no sources of funding to cover the expense of hiring additional adult basic education staff and no sources of funding for any of the interventions.

Occupational therapists usually work full-time with the accompanying perks and responsibilities. Adult educators often work part-time, from as few as three to as many as thirty hours a week, usually without benefits. It is a lucky adult educator that gets paid for even one hour of preparation time. Any extra time spent with students who need special attention is usually unpaid time. While many interventions can be done at little or no expense, the biggest challenge is paying the salary of whoever it is that reviews the student's assessments, decides on the appropriate interventions, and then takes the time to implement them.

The whole area of assessment is a major challenge for adults, especially those with learning disabilities. The authors presume that adult educators, like therapists, know what the "skills and abilities" of the adults with disabilities who enter their programs are and how those disabilities affect their students' education and their lives. They also presume that the adults know what their disabilities are and what their needs are. This is seldom the case when serving undereducated adults, especially those with learning disabilities. A primary challenge of educators is to find the necessary funding for adult assessment and a professional who is experienced in assessing adults. They also need to be able to interpret the results of the assessment in terms that students can understand and accept. If student needs are not known, it is impossible to correctly fulfill those needs regardless of which model of therapeutic intervention is used.

Ecology of Human Performance Model is a Deficit-Based Model, Not a Strengths-Based Model

The EHP model focuses on what the person cannot do and how to either establish or restore the person's abilities or change either the task or the environment to make up for that person's supposed "deficiencies." I would suggest that the first set of terms, "establish or restore," both of which imply an absence of an ability, be changed to "enhance" which implies furthering an ability that already exists.

According to the authors, some interventions "...are common options chosen by therapists, particularly within the medical model, which considers what is wrong with the person and sets a plan to correct the problem." On the other hand, good educational planning looks at a student's strengths in all facets of his environment and uses those strengths as the starting point for any activities or interventions. The challenge for adult education in this situation is the same as those mentioned above: how to afford the assessments that will identify a student's strengths and how to pay for the time of the person who plans the individual educational program based on those strengths.

The EHP Model Mainly Focuses on Services to Volunteer Clients or Their Families Who Understand the Disability and Seek Assistance

The model takes it for granted that the clients/families understand the disability and are willing participants in attempts to intervene. One of the most difficult challenges faced by adult educators is that many students will not accept the designation of having a learning disability because in their minds it is the same thing as mental retardation, and they refuse to accept input to the contrary. None of the categories of interventions mentioned by the authors are possible if students do not believe that they need them or would rather struggle along without them than accept that they have a learning disability. Despite the fact that there are accommodations available in many areas of their lives, they will forgo these accommodations rather than accept what they view as an unacceptable label.

Without knowledge of the label, however, they will never learn to self-advocate. Other students will accept their learning disability but only in a limited context. Once they get their GED, they lose all interest in learning how this disability will affect them in their other facets of their life. Even in preparing for the GED, they will complain about any attempt to present material on learning to learn. If it does not have a direct relationship to the GED, they view it as a waste of time. Counseling would be helpful in these situations, but again the question of funding arises. Who will pay the counselor?

In conclusion, while the authors' article contains some ideas that can be of use to adult educators, I believe that the differences in funding and training of the professional and the differences in those that they serve will make it

challenging to adopt this model even after it has been more thoroughly examined and researched.

THE ECOLOGY OF HUMAN PERFORMANCE MODEL

Response by Cheryl Keenan

Following is a summary of my thoughts on the Ecology of Human Performance Model as it pertains to teaching adults with disabilities.

The model was presented in a paradigm appropriate for use in the occupational therapy field. However, the model has potential for translation into a paradigm that would be useful to an adult educator who is teaching individuals with disabilities. The primary advantage is that, if adapted, it would give adult educators a systematic way to approach accommodations. In its translation, the model would support existing and emerging knowledge in the field of adult education in the following ways. The model would support teaching in the context of an adult's life and account for an accumulation of experience. It would address performance as a "range" and link it to context. It would demonstrate the problems associated with isolated approaches to teaching basic skills out of context and it would reinforce the application of skill or transfer of learning.

A preliminary attempt at translation of intervention types appropriate for adult education could be as follows:

1. **Establish or restore** the skill in context of the learner's life context.

It may be more appropriate to refer to the "establish or restore" intervention more generally as "skill development or skill enhancement." The connotation of the intervention as stated is one of a remedial nature and emphasizes a "deficit model" or a "medical model" of intervention which is sometimes inappropriate for adult skill development.

2. **Alter** the context.

This intervention actually assumes no intervention with the learner or the skill, but rather adapts the environment. It assumes living within the functional limitation of the disability, and while it is very appropriate for an occupational therapy paradigm, it may be inappropriate for the adult education paradigm. If there is no goal to enhance or develop a basic skill, the intervention is not appropriate for adult education services. Accordingly, this intervention should be dropped from the translation model.

3. **Adapt** the task to support the context in which it is taught and will be performed.

This intervention is probably the most appropriate for adult education as it describes systems by which a teacher can make true accommodations in instructional strategies and physical environment in which to teach skills enhancement.

4. **Prevent** failure.

While the occupational model presents the intervention as preventing "maladaptive performance," an adult education model could use this strategy in a pro-active manner. For example, if the program establishes a clear understanding of the types of activities it offers, the level of commitment needed, the way learners will participate in the evaluation of their own learning goals, etc., it will "prevent" a learner from dropping out because of unrealistic expectations. In effect, by establishing good communication processes up front, learners will be less likely to view their participation as "failures" and will be more likely to continue in the program.

5. **Create** a sound educational environment for all students.

This intervention emphasizes that if a program has good educational practices in place for all of its learners, learners who have disabilities will also benefit. Those practices must emphasize teaching in context and viewing performance in the context in which it will be applied.

In defining areas for future work, the article is consistent with several new directions in adult education. It discusses the need to develop assessment systems which link to intervention strategies, or in education terms, links assessment to curriculum and instruction. It defines the need to focus on which strategies have greater patient outcomes and on the need to focus on how certain contexts support performance in like environments or, in education terms, transferring learning.

ECOLOGY OF HUMAN PERFORMANCE MODEL: A POTENTIAL ADULT EDUCATION ADAPTATION

Establish or restore the skill in the learner's life context.

Alter the context.

Adapt the task to support the context in which it is taught and will be performed.

Prevent failure.

Create a sound educational environment for all students.

Topic 2: Legal Issues of Access and Accommodations

Wendy Wilkinson presents an overview of the legal responsibilities of adult education programs under Section 504 of the Rehabilitation Act and under the more recent Americans with Disabilities Act (ADA). Specifically, she covers many areas, including: definition of a disability; documenting a disability; testing issues; eligibility criteria; inquiries into disability; program access; communications; administrative requirements; and enforcement. Her paper contains numerous examples of precedent-setting legal cases and anecdotal information to help provide a framework for understanding the issues involved. Respondents to Ms. Wilkinson provide a perspective on these issues from experiences within their states.

THE AMERICANS WITH DISABILITIES ACT AND THE REHABILITATION ACT OF 1973 AND THEIR APPLICATION TO EDUCATIONAL ISSUES

By Wendy Wilkinson * & Cynthia Dresden

I. Introduction

The passage of the Americans with Disabilities Act[1] in 1990 increased the level of debate and discussion concerning individuals with disabilities in the education arena. Central to the debate are issues of diagnosis, definition of disability under the ADA, and identification of appropriate modifications in testing procedures, admissions policies, and curricula. Although with passage of the ADA came intensified focus on these issues, many had been addressed under Section 504 of the Rehabilitation Act of 1973.[2] Section 504 applies to all educational institutions that receive federal financial assistance[3] and it provides similar language regarding definition of disability as was adopted in the ADA. Both 504 and Title II of the ADA require programmatic access and reasonable modifications in policies and procedures to provide access. Title II was drafted to incorporate the terminology and case law arising from 504. The interpretive guidance accompanying section 35.103, "Relationship to Other Laws," states that, "...Title II of the ADA essentially extends the anti-discrimination provisions embodied in 504 for federally assisted programs..." The ADA is also much more comprehensive and detailed than 504. Thus far, Title II of the ADA is being interpreted, for the most part, to be consistent with 504.[4]

The primary focus of this paper is on the state of the law concerning people with disabilities with regard to educational issues. Appropriate testing accommodations for individuals with learning disabilities will be analyzed. Both Section 504 and the ADA will be addressed as they pertain to the definition of disability, modifications of policies and procedures by testing entities and educational institutions, and related issues. Also examined will be relevant case law to assess judicial interpretation of these issues. It is important to understand the state of the law as interpreted in these areas because these are the cases that will have direct impact on the way that requests will be analyzed for testing entities and educational institutions making modifications for compliance with the ADA. For example, in order for individuals to receive necessary modifications in testing procedures, they will need to demonstrate that they are covered by the ADA. Therefore, understanding case law that has developed under 504 and the ADA around the definition of disability will be useful.

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Case law interpretation of what are considered "reasonable modifications" in testing procedures and in the classroom is also useful in understanding the "balancing" of rights and interests that courts have conducted in assessing whether a particular modification or accommodation must be provided.

We will also review Section 36.309 of the ADA which deals specifically with testing entities. Section 504 does not contain any comparable provisions which specifically address testing authorities.

When speaking of nondiscrimination and civil rights, it is impossible not to enter into some philosophical discussion of what equal access truly means. The boundaries of society's obligation to see that access is achieved is one factor. Understanding and implementing the policies to combat the discrimination the ADA and 504 were meant to remedy, one must come to terms with the long history of discrimination against people with disabilities in our society. As a society we must understand disability in order to successfully address discrimination because it often occurs without malice or forethought, it is simply the result of misunderstanding. Although this paper does not debate these issues directly, reference may be made to them.

II. Definition of Disability

To be entitled to the civil rights protection of the ADA, one must fall under the definition of disability specified in the Act. To be covered one must have:

> "(a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
> (b) a record of such an impairment; or
> (c) be regarded as having such an impairment." [5]

The definition of disability in 504 is essentially the same. To be covered under both 504 and the ADA, the impairment must rise to a level that substantially limits a major life activity. Not all individuals with impairments will be covered. Analysis and comments accompanying this section in 504 highlight the importance of proving a substantial limitation.

> "...It should be emphasized that a physical or mental impairment does not constitute a [disability] for the purposes of 504 unless its severity is such that it results in a substantial limitation of one or more major life activities." [7]

Major life activities include walking, seeing, and hearing. The appendix issued by the Equal Employment Opportunity Commission (EEOC) states that major life activities are those that "the average person in the general population can perform with little or no difficulty." [6]

The regulations accompanying both 504 and the ADA make it clear that individuals with specific learning disabilities may be covered.[8] For coverage under the ADA and 504 to be established, the learning disability must substantially limit one or more major life activities. For instance, both Attention Deficit Disorder (ADD) and learning disabilities (LD) can affect such major life activities as walking, seeing, hearing, speaking, and learning. An individual with LD that has difficulty reading would be covered, but an individual with an impairment which only affects their ability to organize notes from classes in the most efficient manner would not be covered. With reading, the difficulty must be caused by the disability. If it resulted from lack of access to education, the individual would not be covered.

Case law generated from both 504 and the ADA indicate the importance of establishing the existence of a disability. First, individuals must prove that they have an impairment which is substantially limiting and that the activity it limits is a major life activity. This first prong of the definition requires an individualized, functional analysis. It is clear from the case law generated by 504 and the ADA that it is up to the individuals to establish the existence of a substantially limiting impairment. If this first element is not established then the case will not proceed. In other words, if one does not establish coverage, "...it is unnecessary to address the question of reasonable accommodation." [9]

There is nothing in the ADA or 504 which would prohibit educational institutions from offering special programs for individuals with certain types of disabilities and establishing their own definitional criteria for admittance. However, the institution could not utilize its own definition of disability in the administration of any other programs subject to the ADA and 504. Also, just because an individual has been found to have a disability for the purposes of qualifying for a particular program does not mean that he or she would be entitled to ADA or 504 protection. Individuals must qualify under the definition of disability found in the ADA and 504 in order to assert their rights under these laws.

III. Documenting Disability

Neither Section 504 nor the ADA delineate what sort of documentation may be requested when documenting disability, nor is there much case law on this issue. As a general rule, any request for documentation should be reasonable and necessary. Section 36.309 of the ADA, **Examinations and Courses**, provides that "...requests for documentation must be reasonable and must be limited to the need for the modification or aid requested." Documentation should obviously come from someone with expertise in that particular area. Given current debate among experts regarding classification of learning disabilities and who is qualified to diagnose them, the question of documentation is particularly difficult in assessing and accommodating these
disabilities.

In *Pandazides v. Virginia Board of Education* [10] the individual bringing suit was not able to prove to the court's satisfaction the existence of a learning disability. In her initial request for accommodation to the state educational testing service (ETS), the plaintiff submitted letters from physicians and a doctor of education stating that she might have test anxiety. It appears their conclusions were drawn from observations made of the plaintiff in a classroom setting. Additional documentation was supplied after this initial request for accommodation was denied in the form of a report from a doctor who concluded that Ms. Pandazides had a learning disability.[11] After the documentation was supplied, the plaintiff was granted certain testing accommodations[12] although there was no ruling on the existence of a disability. Ms. Pandazides was given a series of tests by a psychologist after she failed the examination with the testing accommodations authorized by the testing authority. The psychologist diagnosed her with learning disabilities, testifying that she had auditory attention disorder, impaired integration of auditory and visual information, dysosmia, and expressive language disorder. He suggested additional modifications[13] which were denied. The federal district court ruled in favor of the defendant on the motion for summary judgment, finding that the requested modifications were unreasonable.

At trial the court gave great deference to the testimony of Dr. Barbara Knight Given, co-chair of the Southeast Regional Learning Styles Center and project director of the Learning Disabilities Certification Project for the United States Department of Education, who stated that her review of the documentation provided did not lead her to believe that the plaintiff had a learning disability. She stated that the documentation provided by Dr. Carter, the examining psychologist, did not specifically identify any of the learning disabilities listed in the *DSM-3R*. [14] Preliminary letters were also found not to be compelling, perhaps because the opinions were not the result of individualized testing.

The dicta in the case provides additional insight on other reasons the plaintiff's documentation was not accorded great weight. First of all, the initial letters were based on observation, not examination, and the exam administered was given by a "Dr. Edwin N. Carter, whose services plaintiff's attorney frequently uses in his law practice," as noted by the court. In this case it appears that the credentials of one expert had more weight than the opinion of someone who actually had tested the individual. Also key was the fact that the alleged learning disabilities were not directly identified in the *DSM-3R*, but were "hybrid categories he had pieced together." Finally, Dr. Given noted that the plaintiff's IQ test scores contradicted Dr. Carter's diagnosis of a learning disability. This case illustrates the importance of obtaining appropriate documentation from recognized sources, especially in the area of learning disabilities. As can be seen in this case, deference was given to the expert who had not examined the plaintiff. Documentation presented by the plaintiff was found to be inadequate. The documentation that may be required for individuals to prove they have a disability under

the ADA and 504 may also present tremendous hurdles for some because of the expense.

Documentation should also demonstrate that the requested accommodation is necessary to accommodate the individual's disability academically. For example, in a Letter of Findings recently issued by the Office of Civil Rights (OCR) of the Department of Education, in Cumberland Community College [15] an individual with documented memory and cognitive disabilities was denied a requested accommodation because the psychological evaluation did not demonstrate that it was necessary to accommodate the disability. The accommodation requested was weekly testing of class materials rather than mid- and end-of-term testing.

IV. Who Pays for Documentation?

There is no case law to date on the issue of who should pay for required documentation. The interpretive guidance accompanying section 36.309 of the ADA indicates that it may be the responsibility of the individual to pay:

> "...Appropriate documentation might include a letter from a physician or other professional, or evidence of a prior diagnosis or accommodation, such as eligibility for a special education program. The applicant may be required to bear the cost of providing such documentation..."

The cost of obtaining this documentation may be prohibitive for some people. The cost of assessing an individual with learning disability, for instance, can be very expensive. In cases where a testing authority or a college accepts only one particular form of documentation or imposes a time limit on acceptance of existing record documentation and an individual has other documentation that could achieve the same purpose, it could be argued, probably not successfully, that these requirements effectively prohibit individuals with disabilities from taking the test.

V. Documentation for Testing

Testing authorities and educational institutions will generally have their own experts review requests for testing modifications and accompanying documentation. These "experts" may have a very narrow view of what constitutes a learning disability. Since these experts may not have actually seen the person for an evaluation, the individual should be able to provide documentation from experts that are acquainted with them and it could be argued that the findings of these experts should be given more weight. In cases where it comes down to a battle among experts regarding the diagnosis, the opinion of the treating expert should be accorded more weight. [16]

However, as we saw in the *Pandazides* case, a comparison of the credentials of testifying experts may be conducted and the opinion of the one with the more impressive background prevails. Some testing

authorities, such as GED, may specify in their testing policy manuals that deference be given to the professional acquainted with the individual. For instance, section 7.3-1.2 of the GED Manual "Test Administration Procedures for Adults with Disabilities," entitled "Appropriate Professionals," requires that the expert be "familiar with the candidate and be able to provide written verification that a special administration of the GED Tests is justified. The professional must have training appropriate to the diagnosis."

Providing additional documentation of a history of a disability, i.e., through copies of prior IEP's (individual education plans) or other existing records, may also be acceptable. For instance, Section 7.3-1.3 from the GED manual, provides that,

> "Schools, hospitals, the armed services, rehabilitation agencies, social service agencies, veterans medical centers and similar agencies may be able to document physical and emotional disabilities from existing records. If such records exist and the Chief Examiner is satisfied that the disabling condition is still present, no further diagnosis is needed. The agency must confirm the candidate's need in writing...to the Chief Examiner."

Acceptance of these records may be dependent on the type of disability involved. Is the disability "unchanging" or is there evidence that it may change over time? The examples that follow Section 7.3-1.3 allow existing record documentation and pertain to disabilities with "static" diagnosis and offer no real debate concerning their prognoses, such as with disabilities involving spinal cord injury, blindness, or cerebral palsy.

VI. Testing Issues

Section 504 requires that covered entities should not use "...any test or criterion...that has a disproportionate adverse effect on..." individuals with disabilities, except when "the test or criterion has been validated as a predictor of success in the education program or activity in question and... alternate tests that have a less disproportionate, adverse effect are not... available."[17] Throughout the rest of this paper when we speak of testing issues, the terms "modification" and "accommodation" will be used interchangeably. The statutory term is modification but when these issues are addressed, the term accommodation seems to be used more frequently and better conveys the concept we are addressing.

Title III of the ADA, which covers private entities, specifically prohibits discrimination by any private entity that "offers examinations or courses related to licensing, certification, or credentialing for secondary or post secondary education, professional, or trade purposes..."[18] This provision was included to cover those entities not covered by 504 and other portions of the ADA. Under 504 most of these types of entities were not covered because they did not receive federal financial assistance, nor are they

covered by Title II of the ADA which applies to the programs and services offered by state and local governmental entities. Testing entities which receive federal funds or are covered by Title II of the ADA would be subject to the applicable nondiscrimination obligations of 504 or Title II. These obligations will be discussed in a later section of this paper.

The importance of this provision was made apparent during the rule making process when the DOJ received numerous comments on this section "reflecting the importance of ensuring that the key gateways to education and employment are open to individuals with disabilities."[19] This section requires that individuals with disabilities that impair "sensory, manual, or speaking skills" be given tests in a manner so that their abilities are tested. It asks testing entities to focus on ways to assess an individual's aptitude--to discern what factors the test is intended to measure and to allow modifications in the test itself so that these factors can be evaluated in a non- discriminatory manner. Specifically, Section 36.309 (l) requires:

> The examination is selected and administered so as best to assure that, when the examination is administered to an individual with a disability that impairs sensory manual or speaking skills, the examination results accurately reflect the individual's aptitude or achievement level or whatever other factor the examination purports to measure, rather than reflecting the individual's impaired sensory, manual, or speaking skills (except where those are the factors the examination purports to measure).

This section also mandates that an examination developed pursuant to this part be offered and administered as frequently as other examinations in locations that are "equally convenient." Facilities offering these examinations should be "accessible to individuals with disabilities" or the testing entity should make "alternative accessible arrangements." This section does not specifically require that these tests be offered at the same location as other tests as long as "alternative accessible arrangements" are allowed. So, testing entities have some flexibility here concerning location of test facilities. Many comments reflected concern about this provision because segregation is permitted. The language remained because the statute specifically authorizes "alternative" arrangements. The DOJ, in response, noted that most tests would be offered in facilities that would fall under one of the definitions of a "place of public accommodation" and would be subject to other nondiscrimination requirements of Title III--including integration. [20]

Both 504 and the ADA require that tests be administered in a non-discriminatory manner. Therefore, testing modifications must be made unless the institution or testing authority can show that the modification would fundamentally alter the test. Providing multiple choice examinations in different formats have not generally been modifications courts have found to be reasonable.

When tests are taken with accommodations, issues also arise concerning validity of the results. Often the testing authority flags the results which puts prospective educational institutions on notice that the applicant is a person with a disability. At this time, this practice is allowed under an interim policy issued by the Department of Education allowing educational institutions to accept flagged test scores, but requiring that other factors be considered in the admissions process. [21] In addition, applicants must be informed about accommodation policies and about any other criteria that are used in consideration for admission.

Educational institutions are required to offer modifications to individuals with disabilities so that they can take examinations. Multiple choice tests also cause the most controversy in this arena. *Wynne v. Tufts University School of Medicine* [22] outlined an educational institution's responsibility to provide testing accommodations. At issue was the administration of a multiple choice test to a medical student with a learning disability. The student claimed the administration of the test in this form was discriminatory. The defendant claimed this format was necessary because it required an important skill--the ability to quickly synthesize information. The medical school prevailed because it was able to demonstrate, to the court's satisfaction, that no reasonable alternative could be provided. The court found that even if the medical school "could have provided a different set of reasonable accommodations or more accommodations does not establish that the accommodations provided were unreasonable or that additional accommodations were necessary."[23] In addition, the court found that Section 504 was not intended "to eliminate academic or professional requirements that measure proficiency in analyzing written information by attaining a passing score on a multiple choice test." Other cases have come to similar conclusions regarding tests which set baseline standards. In *United States v. South Carolina* [24] the court found that the state had "the right to adopt academic requirements and to use written achievement tests designed and validated to disclose the minimum amount of knowledge necessary to effective teaching."

Another testing modification that may be considered unreasonable is unlimited time to take a test. The Pandazides court noted that even if plaintiff had been found to have a disability under the Rehabilitation Act, she had "... failed to establish that the accommodations made by ETS, with the concurrence of defendants, were not directly responsive to the difficulties which the Plaintiff claimed as disabilities. Unlimited time would not be a reasonable accommodation because similar modifications could not be expected in the job of teaching." [25]

In order for an institution to show that it is not required to provide an accommodation, it must demonstrate that alternative means of testing were considered, that the alternative means were not feasible because of their cost and/or effect on the academic program, and that the alternatives would either lower academic standards or require substantial program alteration.

After passage of the ADA, during the rule making process, some testing authorities that offer certifications or licenses for particular occupations wanted to be given the right to refuse modifications or accommodations to individuals with disabilities which they believed would prevent them from carrying out the essential functions of the profession. The Department of Justice did not include this request in the rule and responded to it in the analysis accompanying this section asserting: "An examination is one stage of a licensing or certification process. An individual should not be barred from attempting to pass that stage of the process merely because he or she might be unable to meet other requirements of the process...the applicant may not be denied admission to the examination on the basis of doubts about his or her abilities to meet requirements the examination is not designed to test."[26] This requirement would not prohibit testing entities from requiring examinations that assess skills necessary for a particular profession. For instance, the court in *Pandazides* found that the State Board of Education's Communication Skills Test requirement was a "reasonable and legitimate professional licensing requirement" [27] for those individuals wishing to teach in public schools.

VII. Special Issues Concerning Learning Disabilities and Testing Modifications

Documenting the existence of an appropriate modification for an individual with a learning disability can be more difficult given that there is some controversy among experts concerning diagnosis and documentation. There is also debate over how recent the documentation must be. Some experts allege that in order for someone to establish that he or she currently has a learning disability, documentation should not date back more than three years. The justification is that learning disabilities are not static but may change over time. This can be a tremendous stumbling block because of the high cost of professional evaluations. If there is a great deal of evidence in existing records and documentation from a professional with appropriate expertise who is acquainted with the individual showing that the disability has not changed, then some deference should be accorded to the records. Section 7.8 of the GED manual, "Examples of Approved/Denied Requests for Special Testing" notes that GED examiners will give existing record document some weight but more will be required for substantiation.

> **Situation:** Ann Parker has dyslexia and has asked to be allowed to use the audio cassette version of the GED Tests. She has brought documentation of her situation by a neurologist who says she cannot ever learn to read normally. She attended 12 years of special education in this school district.
>
> **Request:** Audio cassette test and extended time limits.
>
> **Action:** Approved by the GED administrator and GEDTS.

Reason: Medical verification of a neurological problem and documentation of special need are provided. The fact that she had "Twelve years in special education," is supplementary information, but in itself does not constitute sufficient documentation.

The difficulty of demonstrating that the learning disability exists and is substantially limiting in order to trigger ADA and 504 coverage is also illustrated in the case law generated to date concerning these issues. For example, in *Tips v. The Regents of Texas Tech University* [28] the northern district court in Texas ruled that a student's inability to conceptually organize material on a doctoral comprehensive exam did not fall within the ADA's or 504's definition of disability because it was not perceived as a substantially limiting impairment. The court found that the plaintiff did not establish the existence of a disability to its satisfaction. There were other factors in the case that may have influenced the court's finding. One was the timing of the plaintiff's request for testing accommodations which were made after she had taken the test and failed a portion of it. In addition, there was no mention concerning what kind of proof, if any, was offered by the plaintiff to prove that she had the disability which she alleged required the accommodation requested. The plaintiff did have a documented learning disability which had been accommodated in a statistical course she had taken. This case illustrates the importance of establishing the nexus between the disability and the accommodation.

The special concerns that arise when identifying and accommodating learning disabilities is further evidenced in the GED manual on testing administration. Section 7.3-4, "Documentation of Learning Disabilities" provides detailed information on requirements for verifying "Specific Learning Disabilities." Generally speaking, depending on the particular modification requested, procedures for documenting physical and psychological disabilities is relatively simple and straightforward. For the most part, documentation from pre-existing medical records will suffice. Approval for the request may be obtained from the "state, provincial, or territorial GED Administrator" (Canada). "Because definitions of and procedures for verifying Specific Learning Disabilities (SLD) vary across the United States and Canada, approval of requests on the basis of SLD is required from the GED Testing Service" (7.3-4) itself. The requirements for SLD documentation are specific and detailed. A special form must be completed along with full documentation by a "professional who is trained and experienced in diagnosing SLD." Detailed information about the certifying individual's background with SLD and employment history is required and the manual specifies the minimal credentials one must have to be certified as an expert. Although the GED service does not specify how recent the documentation must be, the requirements outlined in "Documentation of the Condition" allude to a need for recent data and clearly require a reevaluation of data and records by a certified professional in order to provide all of the information required.

"The experienced certifying professional must state the nature of the disability and the method of diagnosis. Next, the certifying professional must indicate the data he or she collected to verify the SLD condition.

> **Clinical Interview**. A clinical interview must be conducted by the certifying professional to determine if the condition is long-standing. The examinee can indicate, for instance, that he or she has always had problems with symbols, whether they are words, mathematical figures, or musical notations. In the case of a head injury or arrested substance abuse, included in the category of SLD, the examinee will have the opportunity to describe relevant trauma and/or treatment."

Information on the testing protocols used in making the diagnosis is also required. In addition, the GED manual specifies the degree of discrepancy (at least one standard deviation) that must be demonstrated in the test results for certification of the SLD.

> Finally,
>
> The form concludes with the steps taken in the candidate's past schooling to offset the effects of the SLD condition. These might include Adult Basic Education classes with accommodations, specialized instruction, or even comments on the candidate's drive and determination. The results of these efforts must also be clearly stated. The certifying professional is expected to evaluate whether the candidate has the academic skills needed to pass the tests .

The ADA and 504 do allow inquiry to be made into the existence of a disability. However, the scope of what is requested should be limited to what is necessary for the purpose of making modifications in testing policies and procedures to assure nondiscrimination. Additional, unnecessary inquiries should not be made.

VIII. Eligibility Criteria

> Section 35.130 (8) of the ADA provides:
>
> A public entity shall not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any service, program or activity, unless such criteria can be shown to be necessary for the provision of the service, program or activity being offered."

This section could be used to challenge requests for documentation of disability and other inquiries that go beyond what is needed to establish the existence of a disability or the necessity for a particular accommodation. For instance, the section excerpted from the GED manual on documentation which states that the professional should evaluate an individual's academic

ability to take the test could be challenged as it presents an additional barrier for people with disability that others are not required to scale. It could also be argued that this inquiry goes beyond the scope of what is necessary for the purposes of determining the appropriate testing accommodation.

Section 504 and the ADA prohibit imposition of eligibility requirements that screen out or tend to screen out individuals with disabilities. Therefore, any requirement that may impact the eligibility of an individual with a disability for a program should be scrutinized carefully. In the case of validating a test accommodation, inquiry should be limited to what is necessary in order to link the accommodation to the disability. This particular inquiry in the GED manual appears discriminatory on its face because it does not seem to be necessary for evaluating a modification request. In addition, no other individuals taking the test are asked to submit professional evaluation of their academic ability to succeed on the test.

The ADA and 504 do not prohibit imposition of particular criteria for participation in particular academic programs. These laws were not intended to interfere with legitimate academic requirements. There may be some programs which may not permit participation by individuals with certain types of disabilities because of the nature of the program. When an individual with a disability or a class of people with disabilities are, in effect, screened out from participation because of particular academic criteria, then these criteria should be carefully scrutinized. Inquiry should be made into possibilities for modification or, if that is not possible, substitution. When such inquiry is made, one should look carefully at the "route" someone needs to travel to become certified or obtain a degree. What is the body of knowledge that needs to be assimilated? How important is it that the knowledge is imparted and then tested in a particular fashion? It might be useful to look at professions that historically have been closed to people with disabilities because of myths and stereotypes about what they could not do and see what programmatic changes were made to include people with disabilities.

The passage of Section 504 forced many academic institutions to review testing and program requirements and to open their doors to people with disabilities. Many of these challenges have ended up in court. When particular requirements are challenged, courts look at how essential they are to a program--would the program be fundamentally altered if they were modified or eliminated, for instance. Courts have shown some deference to academic criteria. If the waiver of a requirement would cause a fundamental alteration in the program, then it would not have to be waived.

Things that appear neutral, such as requirements for minimal grades on a test and a certain GPA, may be subject to challenge if the requirement is absolute. Such blanket prohibitions violate both 504 and the ADA. Under

504 academic adjustments must be made to assure nondiscrimination. Thus, "Modifications may include substitution of specific courses required for the completion of degree requirements..." [29] Consideration should also be given to special circumstances where indications are that a person with a disability scored badly on an examination because of his or her disability. Perhaps he or she was not accommodated or the accommodation granted was ineffective. If there are no exceptions granted, classes of individuals with disabilities could be screened out even if they could demonstrate that they truly are *otherwise qualified*. Because individuals with learning disabilities have difficulty processing language, math and foreign language courses often pose great difficulty. Foreign language course requirements should be waived where they are not necessary to the academic program the student is enrolled in. Such exemptions for foreign language requirements are granted on a regular basis for individuals with learning disabilities in many colleges and universities. Exempting students from mathematical requirements is much more difficult because of they are often essential requirements of many programs. Recent administrative rulings issued by OCR concerning waiver of mathematical requirements illustrate the difficulty of getting these requirements waived. OCR looked at the programs the students were pursuing and deemed that math was an essential requirement in most instances. [30] If the educational institution can prove that math is an essential program requirement then it does not have to waive it. A case that was filed in July, *Guckenberger v. Boston University* [31], may help clarify these and many other educational issues centering around individuals with learning disabilities. In *Guckenberger*, Boston University was sued after instituting new, rigid disability accommodation policies--such as requiring diagnostic evaluations every three years for individuals with learning disabilities, prohibiting exemptions from foreign language courses, and making the procedure for requesting modifications overly bureaucratic and burdensome.

IX. Inquiries into Disability

Inquiries into disability are generally prohibited before admission to an educational program except in cases where incoming students state that they have a disability and may need assistance in the application process or are requesting programmatic accommodations. When this occurs, inquiries should remain focused on eliciting only information relevant to determining what modifications are needed. Remember, the ADA provides civil rights protection for people with disabilities as defined in the Act so that when someone brings up the need for a modification and the disability is not obvious, then documentation may be requested. Keep in mind that since the accommodation should be what is necessary as a result of the disability, documentation may be necessary to establish this link even when the disability is obvious, but not clearly connected to the modification required. Individuals with disabilities are only entitled to modifications that are necessary to assure program access, so there may also be a need to differentiate between what is necessary and what is desired. Some deference should be given to the individual's preferred modification, but an

educational institution is not required to provide the best technology, for instance, that is available. The test is whether the accommodation provided is sufficient to assure nondiscrimination.

Entities covered by Title II of the ADA and 504 do have a duty to take steps to inform applicants and students of their rights under these laws and to make available information about relevant policies and procedures. However, it is up to the individuals with a disability to alert the educational institution that they need an accommodation. If a school is unaware that an individual has a disability, it will be difficult to prove that it has discriminated against the individual. However, if there is some action on the part of the student that could be construed as putting the institution on "notice" that a disability may exist, it may be incumbent on the school to inform the individual of his or her rights under the ADA and 504. For example, in *Nathanson v. Medical College* [32] a medical student with a record of a back impairment made a request for special seating. This was found to put the institution on "notice" that a disability may exist.

Disability-related inquiries may also be made for the purpose of administering special programs designed for individuals with disabilities. This is further discussed in Section XVI.

X. Privacy Concerns

Under the ADA and 504 information about disability should only be released on a need-to-know basis. Only those persons with some responsibility for assuring that a modification is made, for example, should be informed. It could be a violation of the ADA and 504 to release disability-related information to others which may be contained in a student record.

XI. Otherwise Qualified

Section 504 provides that no "otherwise qualified individual with [disabilities] shall, solely by reason of his [disability] be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federal program. Under Section 504 persons are "otherwise qualified" if they "meet the academic and technical standards requisite to admission or participation in the recipient's program or activity." [33]

Section 35.104 of the ADA defines a *Qualified individual with a disability* as, "...an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity."

The precedent setting case outlining the definition of otherwise qualified is *Southeastern Community College v. Davis.* [34] In *Davis*, the Supreme Court

found that an otherwise qualified individual with a disability is one who can "meet all of the program requirements in spite of" his or her disability. At issue was the admission of an individual with a hearing impairment into a nursing program. The court felt that the individual's inability to understand speech without relying on lip-reading made her unqualified. The only way she would have been able to participate in the clinical phase of the program was with individual supervision. Elimination of the clinical portion would have fundamentally altered the program. The *otherwise qualified* definition which appears in the ADA arguably incorporates this standard as in *Davis* the ability to participate in the clinical program was deemed to be essential. Evaluation was made into whether modifying or accommodating this portion of the program was reasonable. The court came to the conclusion that it was unreasonable as it would result in a fundamental alteration to the program. So, under both *Davis* and the ADA an educational institution would need to evaluate the consequences of eliminating or modifying requirements to determine whether the program would be fundamentally altered in doing so.

In order to determine whether an applicant is *otherwise qualified*, an educational institution should first determine whether the individual falls within the definition of disability under the ADA and 504. Next, essential program requirements should be identified and an evaluation conducted to determine "the extent to which reasonable accommodations that will satisfy the legitimate interests of both the school and the student are available." [35] Reasonable accommodation can include elimination of a program requirement. Finally, the institution should consider whether the accommodation will fundamentally alter the program.

The extent to which an institution has searched for possible accommodations will also be important. The court in *Wynne* formulated a test for determining whether an academic institution performed an adequate search for possible accommodations:

> If the institution submits undisputed facts demonstrating that the relevant officials within the institution considered alternative means, their feasibility, cost and effect on the academic program, and came to a rationally justifiable conclusion that the available alternatives would result in either lowering academic standards or requiring substantial program alteration, the court could rule as a matter of law that the institution had met its duty of seeking reasonable accommodation.

XII. Testing Modification Procedures

Testing modification policies for people with disabilities should be made easily accessible. Again, any disability inquiry made or documentation requested should be strictly tailored to eliciting information necessary for determining ADA or 504 coverage and appropriate testing modifications. Information about the review and appeal process should be included as well. Timeliness concerning notification that a requested modification was

accepted or denied should be designed to allow time for an appeal since timing can be crucial if the request is denied and the test is imminent. Inability to take a test on a certain date may cause an individual to delay or lose job and educational opportunities.

In *Glass v. New York State Board of Bar Examiners*[37] the attorneys representing a bar applicant were able to obtain a temporary restraining order so that the individual could take the bar examination while the issue was being settled. It was argued that irreparable harm would occur if the individual was delayed in taking the examination. The motion succeeded because the attorneys successfully argued that a delay between the time when an individual graduates law school and when he or she is admitted to the bar would be apparent on a resume and could present a great stumbling block when it came to obtaining employment. Testimony was presented by legal search firm personnel to the effect that gaps in resumes can present tremendous problems for job-seekers, "... gaps' in resumes are one of the most important things I look for ...a break between law school graduation and admission to the bar is one of the first items I explore...because it indicates a failure to have passed the bar the first time out...which can indicate...lesser competence." [38]
Similar argument can be made in other venues that delay in taking examinations can result in irreparable harm to educational and employment opportunities.

The accommodation requested in *Glass* was extra time to take the exam because of a learning disability. The individual was allowed to take the exam pending the outcome of the case. Since the outcome was uncertain, the individual wrote the answers completed within the regular allotted time with one color ink and used another color for the part of the exam completed in the extra time. This way, if the appeal failed, the individual could still be graded on the portion finished within the regular allotted time.

It may be a good practice for testing authorities to have such a policy in place so that the individual with a disability will not be irreparably "harmed" if the appeal prevails. In *Re: Cahill*,[39] another case dealing with the denial of a requested accommodation, a court in Delaware found that a hearing should have been held to determine whether the requested accommodation to take the bar examination was reasonable. The Board of Bar Examiners was ordered to utilize the same hearing procedure used when issues arise concerning an applicant's "character and fitness" to practice law.

XIII. Program Access

Section 35.130 (7) of Title II of the ADA requires that a public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the entity can demonstrate that making the modifications would fundamentally alter the nature of the program, service or activity."

Modifications should be made as long as they are reasonable. If basic requirements can be met by reasonable adaptation or modification, then they should be met. If a requirement cannot be reasonably adapted then it may not have to be altered. With regard to alterations in an academic program, the Davis case also provides some guidance. The Supreme Court found that Section 504 does not require an institution to "lower or effect substantial modifications of standards to accommodate" a person with a disability.

XIV. Communication Issues

Many issues in testing situations and in the classroom have arisen around the obligation to provide "effective communication." The ADA and 504 require that individuals with communication impairments be provided with auxiliary aids and services to ensure effective communication. Section 36.309 (iii) (3) which addresses the requirements for testing entities specifies:

> A private entity offering an examination covered by this section shall provide appropriate auxiliary aids for persons with impaired sensory, manual, or speaking skills, unless that private entity can document that offering a particular aid would fundamentally alter the measurement of the skills or knowledge the examination is intended to test or would result in an undue burden. Auxiliary aids and services required by this section may include taped examinations, interpreters or other effective methods of making orally delivered materials available to individuals with hearing impairments, brailled or large print examinations and answer sheets or qualified readers for individuals with visual impairments or learning disabilities, transcribers for individuals with manual impairments, and other similar services and actions.

The type of auxiliary aid or service provided will depend on the needs of the individual. Whatever is provided must be "effective."

The cost of any auxiliary aid or service provided is the responsibility of the testing authority or the institution. No charge of any kind can be passed on to the individual. In an educational setting, the responsibility and cost of providing interpreters has been the issue of some litigation. The issue has centered around which entity, the college or the vocational rehabilitation agency, has the primary responsibility for paying for interpreters used by students. The two major cases that were brought under 504 found that state vocational rehabilitation agencies were primarily responsible. [40] Where a student was not eligible for vocational rehabilitation services, a college could require that the student seek state or private funding, but if no other resources were available then the college would have to pay. No financial needs test should be utilized. [41]

It is important to remember that these cases came down under 504. Since passage of the ADA, this issue has surfaced more frequently as vocational rehabilitation agencies under the ADA are asserting that colleges should assume primary responsibility. There have also been policy letters issued by the regulating agencies which indicate that they may view the allocation of responsibility differently. A recent policy letter issued by the Department of Justice to the OCR stated that schools should not require students to seek outside funding regardless of whether there is a financial means test imposed by the state rehabilitation agency. The DOJ stated that "requiring completion of the application process imposes a burden on students with disabilities that is not imposed on other students." [42]

Even if the college is not paying for an interpreter, it should assure that the student is receiving the appropriate service. Although neither the ADA or 504 directly address this issue, it is clear that this is the least nondiscrimination requires. In addition, assuring appropriate provision of services is probably within the realm of administrative responsibilities of ADA and 504 coordinators. This will include provision of auxiliary aids and services for whatever is required to access the class. For instance, readers should be provided for assigned reading. This obligation probably does not extend to things like tutoring unless the college sponsors tutoring services for others.

Under both 504 and the ADA the obligation to provide access to testing and educational opportunities extends to the point that an "undue financial or administrative burden is imposed." Three factors must be considered in this evaluation--the nature and cost of the action, the overall financial resources available to the program, and the impact of providing the aid or service on the program.
It is important to keep in mind that accommodation issues other than simply providing an interpreter for spoken English may need to be explored when dealing with individuals who are deaf. Most individuals who are deaf use American Sign Language (ASL). It is an abstract language, very different from English. As a result, many individuals who are deaf have difficulty understanding standard written English, so it may be necessary to provide interpreters for written examinations as well.

XV. Affirmative Action

Neither the ADA nor 504 of the Rehabilitation Act require affirmative action. There has been some confusion over this issue. Section 501 and 503 of the Rehabilitation Act, which apply respectively to federal government employers and government contractors, do require affirmative action. Under section 503, affirmative action requirements apply to those contractors who receive more than $50,000 annually or employ more than 50 individuals. The Americans with Disabilities Act simply prohibits discrimination. Although 504 does not mandate affirmative action, it does require recipients of federal financial assistance to conduct self-evaluations to determine whether discrimination has occurred in the past. If there is evidence of a

history of discrimination, then the institution must develop and implement a plan to remedy this history.

If an institution is making inquiries in order to implement a remedial plan, it should make it clear that the information is being requested for remedial reasons, that a response is not mandatory, that the information will be kept confidential, and that no sanctions will be imposed for not answering.

In *Davis*, the Supreme Court spent some time discussing the difference between nondiscrimination and affirmative action, noting that the meaning of each and where one begins and the other ends can be subject to some debate. Making modifications and providing accommodations does necessitate some action. Key here is how substantial the action must be. In*Davis* the court found that the requested modification was not reasonable.

XVI. Special Programs

Although not required by the ADA or 504, colleges and universities may provide special programs for individuals with disabilities. If special programs are provided and an individual wants to apply for services beyond what is required under the ADA and 504, it would not be a violation of these Acts to ask questions about disability for the purposes of evaluating whether these individuals qualify for the program. Students' participation must be voluntary. Students with disabilities must not be forced to participate in a special program even if they qualify for its services.

A case which analyzes the responsibilities of an educational institution in providing special programs is *Halasz v. University of New England.* [43] In *Halasz* a student with Tourette's Syndrome and learning disabilities brought action against the University of New England alleging that he had been illegally dismissed by the university in violation of 504. At issue was the student's dismissal from the schools First Year Option program (FYO). FYO was designed for individuals with learning disabilities who did not have the academic credentials necessary for admission to the degreed program. It allowed these individuals to take one or two degreed courses in a transition period while they received all of the supportive services available through another special program for individuals with learning disabilities called the Individual Learning Program (ILP). Services available through ILP included diagnostic testing and counseling by a specialist in learning disabilities. The student was not qualified for the regular university program and was accepted into the FYO. At the end of his second semester he received a 1.375 grade point average--too low for entry into the regular program and the student was dismissed.

The court did not find a 504 violation. The student had alleged that the college violated 504 in many of its practices. Among the allegations was a challenge to the practice of assessing fees on students in ILP and FYO for services provided exclusively to them. The plaintiff charged that the school

was forcing him to pay for his reasonable accommodations. The court responded by stating that, "Section 504's protections against discrimination on account of [disability] are afforded only to individuals who, except for their [disabilities] are otherwise qualified for the benefit to which they seek access."[44] A recent administrative ruling issued by the Office of Civil Rights (OCR) in response to a similar challenge by a student concerning fees charged for services provided for an individual with a learning disability supports the court's finding on this issue. In *Monmouth University* [45] the OCR found that the school was providing services required under 504 at no cost so there was no 504 violation. Fees were charged for additional, enhanced services for such things as counseling and tutoring to students with learning disabilities.

XVI. Administrative Requirements

Both 504 [46] and the ADA require that an educational institution notify applicants and students of its nondiscrimination obligations under both laws. The nondiscrimination statement should comply with all of the procedural requirements of Section 504 and the ADA. A coordinator should be designated who will assure compliance with both laws. This information should be included in application packets and student handbooks. Not providing the coordinator's name could be a technical violation of 504 as well.[47] Procedures should be in place so schools can respond in a timely manner to requests for auxiliary aids, services, and academic adjustments. These procedures should be in writing and should contain specific information on criteria for determining disability and for the process for appealing denial of accommodation requests. As time is generally of the essence, prompt notice, particularly concerning denial of accommodation requests, should be given. Students with disabilities should be informed of what services are available and where they should go to obtain them.

XVII. Enforcement Issues

The numbers of complaints against educational institutions alleging disability discrimination continues to rise. Students with disabilities are becoming more sophisticated in their level of knowledge concerning their legal and civil rights under the ADA and Section 504 of the Rehabilitation Act. It is extremely important that educational institutions likewise understand their responsibilities and have policies in place to respond to the questions and requests of students with disabilities.[48] Many colleges and universities have got into trouble because they did not had legally sufficient written policies and procedures in place to coordinate and implement ADA and 504. According to OCR, the largest number of complaints have centered around the issues of accessibility, provision of auxiliary aids and services, and testing modifications.[49]

Endnotes

1. Pub L No 101-336, 104 Stat 327 (1990)

2. 29 U.S.C. Sect. 701-796

3. The Civil Rights Restoration Act of 1987 amended to say that the receipt of federal financial assistance in one program triggers 504 coverage for the entire entity. There have been a number of cases that have defined what federal financial assistance is. The funding must be received not through alternate channels.

4. Sec. 204 (b). Regulations mandated that ADA regulations dealing with "program accessibility, existing facilities," and "communications" to be drafted to be consistent with 504. 42 USC 12134.

5. 42 U.S.C. 12102, Sect. 3 (2)

6. 42 Fed. Reg. 22685, May. 1977

7. 29 C.F.R. Part 1630.2 (i)

8. see 34 CFR Ch. 1 Sect. 104.3(j)(2)(I) and 29 CFR Part 1630.

9. Jasany v. United States Postal Service 755 F.2d 1244, 1249-1250 (6th Cir. 1985)

10. Pandazides v. Virginia Board of Education, 804 F. Supp. 794 (E.D. Va 1992)

11. " Ms. Pandazides is learning disabled. Auditory processing is the specific skill which is most troublesome for her. The pattern of her scoring and achievement support this conclusion. In addition, she is sensitive to the stresses involved in being tested and is thus operating under an additional burden when evaluated in a grouped, timed situation. If provisions are made to this type of testing, this young woman qualifies. Insofar as her ability to teach special education youngsters, Ms. Pandazides has demonstrated her excellent ability to master the academics involved and is in an unusually good position to understand and empathize with special needs at 798.

12. Ms. Pandazides was given 50% more time to take the exam, a script of the audio portion of the exam, a tape player so she could play and listen to the audio section at her own speed, a regular print copy of the examination and the opportunity to take the exam in a separate room.

13. The testing psychologist, Dr. Carter, concluded, "Plaintiff has learning disabilities associated with auditory attention, the integration of auditory-visual information and expressive language." He also recommended that additional testing modifications be allowed. These modifications included

untimed tests, and interaction between the examiner and the test taker which included the opportunity for the plaintiff to talk about her answers with the examiner.

14. Nationally recognized directory of mental illnesses.

15. 6 NDLR 418, Cumberland County College

16. D' *Amico v. NYS Bd. Of Laws Examiners* (W. D. N. Y. 1993)

17. 34 CFR Sect. 104. 42 (b)(2)

18. 42 U.S.C. 12189 * 309

19. 36.309

20. 36.203

21. Rothstien, Laura, Disabilities and the Law, p. 198

22. Wynne v. Tufts University School of Medicine 932 F2d 19(1st Cir. 1991)

23. id.

24. United States v. South Carolina 445 F. Supp. 1904, 1107-1108 (D. S. C. 1977), affd. Mem 434 U.S. 1026, 98 s. Ct. 756, 54 L. 2d 775 vacated on other grounds, 425 F. Supp. 789 (E.D. N. C.

25 Pandazides at 803

26. Section 36.309 Analysis

27. Pandazides at 803

28. 8 NDLR

29. 34 C. F. R. Sect 104.44 (a)

30. 7 NDLR 26, Bennett College

31. Guckenberger v. Boston University (U.S. District Court of Mass.) From National Disability Law Reporter vol. 8., issue 9 (1996), p. 8

32. Nathanson v. Medical College, 926 F2d 1368

33 34 CFR 104

34. Southeastern Community College v. Davis 442 U.S. 397

35. Wynne at 24

36. Wynne at 26

37. Glass v. New York State Board of Bar Examiners, N. D. N. Y. Settlement March 1996, 8 NDLR

38. "Attorneys Devise Strategy to Convince Judge of Irreparable Harm," *National Disability Law Reporter*, Vol.8, Issue # 4, p.5. Testimony of Jonathan E. Grades.

39. In. Re: Cahill 8 NDLR179, No. 81996 (Del. 1996)

40. Jones v. State of Illinois 689 F2d 740, 11th Circuit.

41. United States v. Board of Trustees, 908 F2d 740, 11th Circuit

42. National Disability Law Reporter, vol. 7, issue 14, p. 16

43. Halasz v. University of New England, 816 F Supp 37 (D. Mass.)

44. Halasz at 44

45. National Disability Law Reporter, Vol. 8, Issue 7, p. 20.

46. Section 504 states that "appropriate initial and continuing steps" should be taken to notify applicants and students that it does not discriminate on the basis of ..." disability" in violation of sectior 504. Included in this notice should be an identification of the responsible employee designated pursuant to Sect. 104.-7(a). CFR Sect. 104.8

47. Halasz v. University of New England 816 F. Supp. 37

48. National Disability Law Reporter, Vol., issue 14, p.4

49. *Id* at 5

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THE AMERICANS WITH DISABILITIES ACT AND THE REHABILITATION ACT OF 1973 AS THEY APPLY TO EDUCATIONAL ISSUES

Response by Karen Liersch

I. What is My Perspective on This Paper?

Generally, this paper is accurate in its presentation of ADA and Section 504 requirements as they relate to programs such as adult education. The emphasis on taking those steps which are necessary to avoid discrimination is good and strengthened by the discussion regarding neither law being an affirmative action statute.

I would recommend a more in-depth analysis of the tests involved in the definition of a disability which is the same under both 504 and ADA. For example, a discussion on what each of the highlight phrases means would be of value to those charged with determining whether a person meets the definition:

Questions:

1. Does the person have a physical or mental impairment?
2. Does the impairment substantially limit one or more major life activities? (especially learning as such an activity relates most closely with adult education)
3. Does the person have a record of such an impairment?
4. Is the person regarded as having an impairment?

It may be helpful to administrators of programs to know that they need to conduct a self assessment under both laws and that having a self assessment and implementation plan weighs heavily with courts and enforcement agencies, such as DOJ or OCR. The self assessment was briefly mentioned in the paper. I would simply recommend additional emphasis in this area so people do not overlook its importance.

II. Discuss Experiences with Accommodations in Your State with Respect to Costs and Who Paid Them

In Arizona, accommodations in programs and testing are borne by the program or testing center. Documentation of a disability for determining whether a person meets the definition of a person with a disability is generally the responsibility of the individual. If additional programmatic testing is required in order to accommodate the students' needs, such testing is the responsibility of the program, as are any associated costs.

III. Do You Have Any Insights into Testing Modifications That You Can Share with the Panel?

The most common modifications requested by students include the following:

a. Extra time. The maximum time authorized in Arizona has been double the usual testing time. The Chief Examiner has required pretest and posttest documentation, after instruction, as documentation that this amount of time is necessary and appropriate.
b. Private room.
c. Scribe or similar accommodation, such as the use of a stylus/computer combination, for persons with physical disabilities.

These are all common accommodations and other, more specialized, accommodations are available upon request. One of the recommendations made by our State Chief Examiner is that a study be conducted regarding the effectiveness of the accommodations. Perhaps a quantitative study, based on performance, combined with a satisfaction survey which reflects the student's perception of effectiveness.

IV. Other Issues

a. Many students and advocates do not understand the purpose of the GED and rely on it as an alternative high school diploma when it may not be appropriate for certain students. In fact, we are encouraging our state to develop several alternative diploma options which may be more relevant to meeting individual needs. One of the principal difficulties has been the protection of the integrity of the GED tests when students and advocates often see it as merely a piece of paper which allows students to obtain or retain employment or seek entry into military service.

b. The range of accommodations being requested is expanding. This requires constant training of staff, including familiarization with community resources and expanding staff awareness of the technological capacity available.

c. Training on GEDTS requirements for testing is an ongoing issue. It is important to provide continual training in this area, as examiners need to understand the contractual obligations of the parties and the need to comply with those terms. In addition, such training will assist staff in maintaining the integrity of the tests and avoiding situations where requests for testing accommodations are no longer reasonable

d. Confidentiality issues. This may be assisted by preparation of a standard release form which allows the Chief Examiner to obtain information essential to determining whether the person meets the statutory definition of a disability and what reasonable accommodations are to be provided.

e. Funding. Since neither ADA nor Section 504 provides funding for accommodations, programs and testing centers often have difficulty paying for requested accommodations. While individual accommodations are not necessarily expensive, the cumulative effect can be significant, particularly when individualized testing is requested or a contractor refuses to test one student when s/he could be testing 20 and receiving significantly more money for the same amount of testing time. Also, the time spent evaluating requests for accommodations for students who do not meet the definition of a person with a disability can also be significant.

THE AMERICANS WITH DISABILITIES ACT AND REHABILITATION ACT OF 1973 AS THEY APPLY TO EDUCATION ISSUES.

Response by James S. Lindberg

Regardless of the definition of disability as contained in Section 504 of the Rehabilitation Act of 1973 and the more recent Americans with Disabilities Act, the most important concept of these two federal laws is the requirement for programmatic access and the reasonable modifications which school districts must provide for adult students. The paper we are reviewing does an excellent job in analyzing appropriate testing accommodations for individuals with learning disabilities and makes some good suggestions for instructional programs.

Ms. Wilkinson identifies one of the critical issues in documenting disabilities, in particular, the area of "learning disabilities." She points out that there is "debate among experts as to what is a learning disability and who is qualified to diagnose them." It should also be recognized that in some instances the diagnosis of learning disabilities may in itself be encouraged because of economic factors such as the additional funding that the diagnosis will bring to the program. In most cases, the adaptation of curriculum and instruction can be made for students even when particular learning disabilities have not been diagnosed. We have found that too much time is often wasted on diagnostic issues that could be better spent on providing ways for classroom teachers to modify and adapt their instruction so that all learners will receive greater benefit.

In examining the provisions of both Section 504 and the ADA, it is in the area of access to instruction and reasonable accommodations that California Department of Education receives more requests for assistance. As Ms. Wilkinson points out in Section IX, Inquiries into Disability, "inquiries should remain focused on eliciting only information relevant to determining what modifications are needed." Where school districts get into trouble is allowing someone who does not represent their interest to tell them what they must do to accommodate. Ms. Wilkinson makes the strong point that "Individuals with disabilities are entitled to those modifications that are necessary to assure program access so there may also be a need to differentiate between what is necessary and what is desired."

For example, in an open entry, open exit GED preparation class which is delivered through individualized instruction and not classroom lecture, a hearing impaired student may not need to have a full-time interpreter. Other types of instructional assistance using written communication could be applied when appropriate. Ms. Wilkinson recognizes this, but she also points out that it is still the responsibility of the institution to assure that the student is receiving the appropriate service.

In the case of a vision impaired student, the same principles apply. There may be times when it would be necessary to have a reader assigned to assist the student, especially when materials are not available in Braille or in large print, but this obligation "does not expend to the point that an undue financial or administrative burden is imposed." In providing appropriate services which may be expensive, coordination and planning may be effective in eliminating unnecessary and wasteful practices.

In any case, the type of modification may vary from situation to situation and what is appropriate for one student with a particular disability is not always appropriate for another student with that same type of disability. Ms. Wilkinson gives us an excellent measuring stick to evaluate all of our efforts to accommodate students within the intent of the law. As she states so concisely, "the accommodation is effective in assuring nondiscrimination." To paraphrase a line from the *Mikado* by Gilbert and Sullivan- "Let the accommodation fit the situation."

At this point in time, there have been enough studies conducted and a sufficient amount of successful interventions or instructional models developed allowing us to proceed in providing multi-sensory, targeted instructional strategies and other proven interventions for adults with special learning needs.

Topic 3: Intervention Issues

In addressing intervention issues, Richard Cooper provides an overview of the types of disabilities likely to be encountered by adult educators, discusses the various degrees of intervention that are possible or necessary, and introduces new accommodations that are currently being developed. He stresses the need for educators to be proactive in serving learners with disabilities and the importance of interagency cooperation. Respondents to Mr. Cooper's paper acknowledge the legitimacy of his ideas but also address the difficulties of implementing them in the "real world" of adult education.

INTERVENTION ISSUES

By Richard Cooper

Every adult education program in this country serves students with disabilities and if there are programs which claim not to do so, they should reconsider. Adult educators should take a closer look at their current students, review why former students did not complete their course of study and reach out to disabled students who are an under-served population. With 40% of students with disabilities not completing high school and a large number not employed or under-employed, there is no way to ignore adults with disabilities. When you add in those who have not been formally identified (especially those with learning disabilities and Attention Deficit Disorder), those who become disabled as adults and the cumulated effect of students with disabilities being under-served, it becomes obvious that adults with disabilities comprise a large block of the students we are charged to serve. Therefore, every program should already have in place a system for providing accommodations. So, if a program does not have policies and procedures for accommodating students with disabilities, it must establish them.

As a learning specialist who assesses learning and attention disabilities, teaches adults with disabilities, develops accommodations and assistive devices and trains adult educators to teach and accommodate adults with learning disabilities, I find that adult educators ask two questions most frequently. One, how does a teacher determine if a person needs an accommodation and two, which accommodation should be provided? A number of approaches can be taken to answer these questions, and these are determined by the type of students involved.

Disability Types

The first group is comprised of students with a history of a disability. They usually know what accommodations they have received and which have enabled success. Those accommodations should continue to be provided. There usually is no need for additional testing or documentation since their disabilities are defined and accommodations well established.

For the second group, the situation is not as clear and is more complicated. This group includes students who have received accommodations but are still not meeting with success, persons recently disabled, adults newly identified as having a disability and those with temporary disabilities. Some students come to our programs with documentation about their disability which includes recommendations for instruction and accommodations, but too often these are generic suggestions which may or may not prove to be effective interventions for the students. This problem can be alleviated by establishing standards for assessments to ensure quality.

Selecting instructional techniques and accommodations is often a process of trial and error. However, adult students do not request accommodations in a vacuum. They are students working with teachers, teachers who observe their strengths, weaknesses, successes and frustrations. Students should be part of the process of identifying the accommodations they need. They should be directly involved in the process of determining what works and does not work for them. If teachers know more about disabilities and accommodations, they will be better able to help students to identify accommodations that enable success. This means that disability issues and accommodations should be part of all new teacher orientations. All adult educators should be required to receive professional development training about disabilities, compensatory techniques, adaptations and accommodations.

Another way to identify accommodations that work well with different disabilities is to ask students with disabilities who have graduated or completed programs. They know what accommodations they received that worked or what they needed but were denied. System wide, we need more individuals with disabilities developing instructional materials and technology to meet the specific needs of students with disabilities. Staff development programs should have individuals with disabilities as part of the team of instructors to add first-hand knowledge about accommodations.

But providing accommodations should not be a hit-or-miss, trial-and-error process. When students with disabilities are not succeeding, adult educators need information and assistance fast before the students become frustrated or fail. Curriculum, instruction and assessment need to be interconnected so that teachers can continuously monitor the effectiveness of instruction and any accommodations that are used. In addition to the data that is collected locally, this research project on accommodations for adults with disabilities will establish a body of information and it needs to be readily accessible to both students and teachers. We need to develop a very accessible database for all programs with students with disabilities. Although the Internet is growing rapidly, not everyone has access to it. But the telephone is readily accessible. We should establish a hot line which can provide adult educators and students with disabilities with information about accommodations that work.

The third group of students are those who are suspected of having a disability. This is the most controversial group since their disabilities are often hidden and there is little agreement among professionals as to where and how to draw the line between someone who has a learning or attention problem and a learning or attention disability which requires accommodations. These students should be diagnosed and necessary accommodations provided. One way to achieve this is to increase interagency collaboration to enable shared diagnostic information. We need to encourage cooperation among government and private agencies to establish diagnostic centers to identify individuals with disabilities. Although it seems like it should be a simple task for agencies in different disciplines to share information, this has not been the case, particularly for learning and attention disabilities. The primary problem is the lack of specific definitions and standards for diagnosing these disabilities. This

makes it difficult to acquire reliable data on the number of adults who have these disabilities and actually require accommodations.

Degrees of Intervention

However, not every student with a disability needs an accommodation in order to succeed. Students can learn to compensate for the difficulties caused by their disability, and teachers can adapt instruction to better meet their needs. If we consider accommodations to be the last step in a three tiered system to meet the special learning needs of adults with disabilities, we can enhance their learning and enable their success through good teaching. The first tier is the use of compensatory techniques. Adult educators need to teach students how to compensate for their weaknesses. For example, students, with weak writing skills who are taught how to use a word processor with spell check, can compensate for poor handwriting and poor spelling. If they are able to compensate for their disability, they may not require an accommodation. The second tier is the teacher adapting the material, the curriculum or the environment to facilitate the students' learning. For example, using alternative instructional techniques, multiple examples and illustrations or allowing alternative methods to demonstrate achievement may be all the students need to learn. However, if the students' disabilities are such that these first two approaches do not enable success, the accommodations are required. Examples include the use of a calculator by the student who cannot remember number facts, untimed tests for those whose disability reduces their speed, oral exams for those who have weak reading and writing skills and audio tape books for those with reading disabilities.

As adult educators we need to be proactive about serving students with disabilities, not reactive. We should be teaching students about the accommodations that will enable them to succeed rather than wait until someone drags us into court to force us to provide accommodations. Since retention is a major problem for adult education programs, we need to take a close look at whether the lack of accommodations for students with disabilities is causing our students to withdraw from our programs. Although some students are required to attend our programs, most come voluntarily. They are hoping that instruction will be different and their frustration with previous education experiences will not be repeated, but often they encounter the same frustrations and lack of success. Adult education programs are learner oriented, individualized and flexible, but individuals with disabilities often encounter some of the same frustrations they faced in their early years in school. Since our goal is to educate and not frustrate, to maximize potential and minimize frustration, we need to look seriously at enabling all students to learn and succeed. Teaching compensatory techniques, adapting our teachings and accommodating when necessary will prevent adult students from becoming repeat dropouts.

If we see the goal of accommodations as enabling learning and success, we can view the accommodation model as a guide to that end and establish policies and procedures for accommodations for all disabilities at each stage of adult

education programs. Agencies need to review their programs to ensure that students with disabilities have access to accommodations from entrance to exit. Program recruitment and acceptance practices must ensure first, they do not discriminate and, second, they accommodate. Student orientations should include information about disabilities, policies and procedures which are in place to aid disabled students, and available accommodations.

Assessment of students, especially the initial assessment, can be used to alert adult educators to students who may require test accommodations. All students should be permitted to have extended time to complete the initial assessment. Assessments which are timed can be extended for those who have not finished. The score for the portion of the assessment which was completed in the allotted time can be compared with the score of the assessment completed with extended time. Simple procedures can be used to accomplish this, such as placing a mark at the spot when the regular test time was up or using a different color pen or pencil for tests which allow students to skip around. These initial assessments can also be completed orally to see if the student in fact has the knowledge, but reading, writing or other problems limit her or his ability to demonstrate what she or he knows. Students who are able to demonstrate higher skills on untimed and oral exams should be screened for disabilities such as learning, attention, vision and hearing problems. If the screening indicates the possible existence of a disability, the person should be referred for an evaluation to determine the nature of the disability and recommendations for instruction and accommodations. This early intervention can reduce the chance of frustration.

The ultimate criteria for which accommodations work for students with various disabilities is whether these students are successful in our programs. Adult educators should collect data about which accommodations worked for which students and why.

Some compensatory techniques, adaptations and accommodations can be used with all students. This means that the students with disabilities are not singled out for special treatment, and frequently the academic achievement of students without disabilities improves. One example would be the use of graph paper for math. If all students use graph paper and if that graph paper was available in different sizes to match different sized handwriting, then students with handwriting or perceptual disabilities would be better able to perform and so would those without disabilities.

New Accommodations

In the future, computer-aided instruction can be developed to teach students with disabilities compensatory techniques, use of alternative instructional techniques and make adaptations to curriculum. Programs can be designed to do continuous error analysis to determine how a student learns best and modify instruction to match the way the person thinks and learns. For example, if a student makes errors when reading, the software may enlarge the size of the print on the screen. If errors are reduced, then future lessons can

be provided in the larger size. If a student cannot remember easily, the computer may add mnemonic clues to assist him/her. If these help, then future instruction will include such clues. These same programs will be able to recommend accommodations based on the student's learning performance.

The logistics and additional costs associated with administering extended time for tests will become a thing of the past as we develop computerized testing systems. Such systems will enable all students to demonstrate their knowledge in a variety of ways. Those who require extra time will be able to have the extra time without the added cost and logistics associated with where, when and how to provide that extra time. Those who require frequent breaks will simply log on and log off as needed. Additionally, such a system will enable students to take the tests at whatever time of the day or night they are most alert and effective. Students will be able to choose which testing format is best for them, so those who have difficulty with multiple choice can choose a different format. Oral exams will be available at the push of a button. For students whose disability limits language skills, a dictionary will be available to enhance reading comprehension. Dictation software will enable those who have difficulty expressing themselves in writing to complete essay exams.

The most important issue in the education of adults with disabilities is not which accommodation to use but rather a willingness on everyone's part to accommodate. This requires a change in attitude. Too often we use education to limit access to career fields rather than to provide individuals with disabilities with the knowledge to compete successfully in those fields. This may not be our intention, but it is often the reality. If our goal is to teach compensatory techniques, to adapt teaching methods and materials and to accommodate all students, then teaching compensatory techniques, adapting teaching methods and material and accommodating students with disabilities is not a far reach. As adult educators, we need to consider, not whether to accommodate, but how to accommodate.

Three Groups of Disabled Students

1) Students who have an obvious disability and a long history of receiving accommodations.

2) Students who:
   a) have received accommodations but are still not meeting with success
   b) persons recently disabled
   c) adults newly identified as having a disability
   d) individuals with temporary disabilities.

3) Students who are suspected of having a disability.

Compensatory Techniques

Adaptations

Accommodations

INTERVENTION ISSUES

Response by Jean DeVard-Kemp

The following responses are submitted using the given questions as guides.

What is your perspective on the paper?

The paper addresses key issues related to adults with disabilities participating in adult education programs. The underlying directives are passive (i.e. 'should') and are not supported by empirical research, as evidenced by no references to research data. Although the information provided is useful from an opinion standpoint, it is unlikely to prove beneficial in soliciting support (primarily fiscal) from the public and private sectors. It is imprudent to think that adult education can address the varied needs of adults with disabilities in a vacuum. Yes, interagency collaboration is needed to assist with diagnostic information; however, such collaboration is definitely required to appropriately prepare all citizens for the 21st century.

Discuss your reaction to the suggestion that adult educators need to be proactive about serving students with disabilities.

Adult educators must be proactive in serving all students, not only the population of adults with disabilities. The nature of adult education is dynamic, thus dictating that effective programs must be led by administrators and practitioners who perceive immediate needs, anticipate future trends and devise equitable solutions.

Do you find the implications for the adult education accommodations model useful and manageable?

Yes, the suggestions are quite useful. Information regarding a disabilities hotline, student orientation focusing on accommodations available and modifications in instructional materials/curriculum are areas that the Georgia Department of Technical and Adult Education/Office of Adult Literacy are currently working on or will make a priority for implementation in fiscal year 1997. Such initiatives and others shared in the paper are only manageable with interagency collaboration and "buy-in" from legislative, business and other communities.

Thank you for the invitation to respond. If you have questions or desire further information, do not hesitate to contact me at (404) 679-1635.

INTERVENTION ISSUES

Response By Brian Kanes

My Perspective on the Paper:

Some of the implications I perceived from the paper cause me to ponder:

--Whether "success" for anyone in adult education, regardless of "disability" status, can be determined by completing a program or earning a degree or certification, versus one's ability to do what one wants in life, outside the "classroom;"

--Whether there are "paper-and-pencil" assessments, timed or not, that are available to and usable by adult educators, that accurately can determine disability status, and might even distinguish between "problems" and "disabilities;"

--Whether all adults who come to ABE/literacy programs with diagnoses done by "professionals" actually have whatever characteristics are detailed in the diagnosis, versus someone in the "system" having decided the learners were "troublemakers" or otherwise undesirable, using the "assessment" to legitimize the labeling and "expulsion," and

--How, since "adult education programs are learner-oriented, individualized and flexible," "individuals with disabilities (STILL!) often encounter some of the same frustrations that they faced in their early years in school."

My Reaction to Being Proactive in Serving Adults with Disabilities:

--What is the difference between providing effective and appropriate learning options to an adult excluded from full participation in our society because of skin color and lack of English proficiency, versus providing effective and appropriate learning options to an adult who has a disability?

--If the adult education/literacy program is learner-centered, flexible, participatory and individualized, and, if, as is my experience, at least 90 percent of all adult education participants have some sort of learning problem or disability, why should there be any difference?

--My initial reaction to being "proactive" therefore, is proactive for what? The author suggests that 40 percent of K-12 students with disabilities do not graduate from high school. But 60 percent of American Indians, and 40 percent of Blacks and 50 percent of Hispanics also drop out of "regular" high school. And 68 percent of incarcerated adults and 75 percent of welfare recipients qualify, educationally, for adult education.

Minnesota's adult education system gets an average of $429 per Adult Basic Education (ABE) participant per year from state, federal and local sources. Our federal adult literacy resource center funding recently was totally eliminated. Eighty percent of our adult educators are part-time. Many of the agencies with which we have collaborated in the past to provide appropriate ABE and support services also have been affected by budget cutting. We have waiting lists at programs throughout the state.

Minnesota's K-12 system, in comparison, generates about $6,500 per learner per year. A K-12 "special education" student generates much more than twice that amount. More than 95 percent of all K-12 educators are full-time.

Perhaps our "proactiveness" could focus on having all of "our" populations included in policy-making and budgeting deliberations. Perhaps being proactive is getting away from individual paper-and-pencil "tests" in ABE, and, instead, developing scenarios in which all learners demonstrate how they can solve problems or get things done as they would have to in "real life," by finding and utilizing community resources.

Is the Adult Education Accommodations Model Useful and Manageable?

If the last paragraph on page 2 (i.e., helping adults learn to compensate for weaknesses; adapting materials; "accommodating") is the "model," I need additional help.

--Why is a computer a "compensation" and a calculator an "accommodation?"

--How does assessment happen (the prior paragraph suggests cooperating to establish diagnostic centers, but I do not know with whom to cooperate for this purpose) or get verified? (I did not see that any of the suggestions on the first page regarding what programs and teachers "should" do, involved assessment.)

--If an ABE program is learner-centered and participatory and individualized and flexible, how does this model differ?

--How does an adult educator eliminate timing from an assessment instrument "standardized" using timed administration? Is it still valid and reliable?

--Is "(t)he ultimate criter(ion) for which accommodations work for students with various disabilities...whether they are successful in our programs?" What about when they get out of the programs? Isn't it better to be successful "out there?" (Several years ago, I interviewed a number of ABE "completers." I rated them as "successful" because they were happy with themselves and with their lives in their families and communities, and they were financially independent. When I asked how the ABE program had helped, they all said they had done it themselves. I altered their judgment of their program, however; I rated it as "successful" because it helped learners become confident and self-sufficient, as well as academically knowledgeable, instead of "making" them dependent on adult educators.) And if my experience holds true, we still must apply our own

"expertise" to interpret what we hear from our learners; they certainly have information and opinions that are valuable. Do I just hope that my perceived interpretive and problem-solving abilities are not prejudiced against those with disabilities?

Topic 4: Accommodating Adults with Severe Emotional Disturbance

Karen Unger discusses the fairly recent trend from discrimination to acceptance of adults with severe emotional disturbance (SED) in both the educational and employment arenas, and the impact of this trend on educational programs. She provides an overview of the myths and realities about learners with SED and describes some of their specific needs within academic programs, and accommodations to meet those needs. Finally, she provides vignettes of persons with SED who have returned to school and the impact it has had on their lives. Respondents to Ms. Unger's paper support her efforts to discount the myths that surround learners with SED, discuss their experiences with this population of students, and identify areas that still need work in order for students with SED to receive effective accommodations within adult education programs.

FROM DISCRIMINATION TO ACCEPTANCE: SERVING PEOPLE WITH PSYCHIATRIC DISABILITIES IN ADULT EDUCATION

By Karen V. Unger

Introduction

Until the early eighties it was not considered realistic for people with mental illness to fully participate in community life. At that time the movement to get people out of psychiatric hospitals was in full swing and although people with mental illness were moved into the community, there were few services to help them live a normal life. They certainly were not encouraged to better themselves through education so they could find jobs appropriate to their desires and abilities. In fact, if people with mental illness did go to school, and their presence was discovered, they were often given a psychiatric withdrawal "for their own good."

Over time, this situation has changed. Educational institutions were found guilty of discrimination based on a disability; more people with mental illness began returning to school; and the institutions gained more experience working with people with mental illness. This paper will discuss how the transition from discrimination to acceptance is occurring. It will examine characteristics of those who return to educational institutions, why they return and what their specific needs are. It will explore some myths and realities about people with mental illness. It will discuss how adult educators can assist and support them to be successful in achieving their educational goals. Finally, it will show, through a series of quotes, what it means to the students themselves to participate in an educational process.

From Discrimination to Acceptance

A recent report from the Centers for Disease Control and Prevention (Barker et al., 1992) reports that approximately 3.3 million adults have mental disorders that seriously interfere with one or more aspects of their daily life. Of those 3.3 million, about 2.6 million are currently limited in one or more functional areas. The employment rate for people with mental illness is about 20 to 25 percent. Among those with the most severe disabilities, the employment rate drops to about 15 percent (Anthony & Blanch, 1987). As more is learned about rehabilitation for people with mental illness, programs are developed that meet those rehabilitation needs, and attitudes are changed, those employment statistics are slowly changing.

One factor that has contributed to the perceived change in the percentage of people employed is the number of people with mental illness who are returning to college, working during school and then going on to jobs in their chosen field. Although no comprehensive study has been completed

which documents this shift, several outcome studies from various programs support it (Unger, Anthony, Sciarappa & Rogers, 1991; Unger, 1993; Partons, 1993). Additionally, a study is in progress by this author through the University of Arizona to examine the long-term education and employment outcomes for people with psychiatric disabilities.

Another factor that has contributed to the movement from discrimination to acceptance was the development of a program at the Center for Psychiatric Rehabilitation at Boston University in 1981 (Unger, Danley, Hutchinson, Sullivan & Kohn, 1987). The program tested the feasibility of having people with mental illness return to the college campus to develop and implement career plans. The project demonstrated that students who participated in the program were more likely to continue with school, get jobs, be hospitalized less, and feel better about themselves than those who were participating in regular day treatment programs (Unger, Anthony, Sciarappa & Rogers, 1991). Because of the success of that project, a follow-up project to replicate the idea in other communities using only the resources within that community was developed. A number of programs at sites around the country successfully implemented supported education programs by redesigning existing programs, changing job descriptions and reallocating resources (Unger, 1993). Out of those projects came the idea of supported education (Unger, 1990).

Supported education is the process of helping people with a history of mental illness return to college by providing them with support and teaching them the skills they need to be successful on the college campus. It is very similar to the idea of the Ecology of Human Performance (Dunn, Brown & McGuigan, 1994). There is an assessment, planning and intervention process that looks at what kind of changes need to be made in the environment and/or the person through adaptation, alteration or accommodation.

The process of supported education has been utilized at postsecondary institutions and in mental health and rehabilitation programs throughout the country and is the topic of many articles and conference presentations. At many colleges and universities, people with psychiatric disabilities are now the second largest group receiving services from the offices of disabled students. Opportunities for education for people with psychiatric disabilities are now widely available. Programs are also beginning in Canada, Europe and Australia.

The Population of Students with Psychiatric Disabilities

The question is always raised, who are the people with mental illness who go back to school? In the studies conducted to date (Unger, 1993), a typical person who returns to school may be male or female, about 35 years of age and unmarried. About 85 percent of them will have spent an average of almost a year in the hospital, beginning about age 20. They will have been hospitalized about seven times. About 85 percent of them will be on

psychotropic medication. Their diagnoses are primarily schizophrenia, major depression and bipolar disorder. A few return to the hospital during the education process, but most do not. However, when they do, it is generally for a very limited time.

Because supported education students are returning to college, almost all are high school graduates. Many have tried to return to college on their own but were not successful in completing their course of study. Most receive social security benefits because of their disability, although about half are working. Close to 25 percent have a disability in addition to their psychiatric disability.

When students are asked what they believe are their functional limitations in an education environment, the majority name applying for financial aid and registration as major problems. Concentration, being distracted by internal and external stimuli, relating to others, taking tests, completing assignments on time, and managing time are other major problems.

Most students return to school to complete an AA or a BA degree. Others are working towards a vocational or technical certificate. Their retention rate is generally as good as other students, but their grades are often higher. Generally, people with psychiatric disabilities return to school for the same reasons we all do– to have more satisfying work that pays a higher salary.

Myths and Realities About People with Mental Illness

As people with mental illness continue to receive treatment in the community rather than having long term stays in a psychiatric hospital; as research continues on the most effective treatment for mental illness; and as new psychotropic medications are developed; our knowledge, attitudes and beliefs about mental illness are changing. Many things which we believed to be true in the past either are no longer true or our beliefs and misconceptions are being changed through increased knowledge and experience. Many myths are being dispelled.

Myth: When most of us think of people with psychiatric disabilities, the stigma of mental illness raises its ugly head. Images of homeless people, dirty and talking to themselves, or headlines about mass murders or bizarre crimes come to mind. Although these things do occasionally happen, they are so sensationalized that we tend to generalize the images to all people with mental illness. Reality: People with mental illness do not commit more crimes than the rest of the population (Monahan & Arnold, 1996). More frequently they are the victims of crimes because they are so vulnerable.

Myth: Traditionally, mental illness was seen as a chronic, lifelong disease. When entering the hospital for the first time, many people were told their lives were over and they should never expect to raise a family, complete school nor get a good job. Reality: A number of studies have shown that

most people (50 to 70 percent) recover from schizophrenia (Harding, 1996). New medications allow people with major depression or bi-poplar disorder to manage their illness sufficiently so they can lead relatively normal lives. Many who never expected to get out of the hospital are living successfully in the community. Few need prolonged hospital stays or intensive care for long periods of time. The treatment of choice is to stabilize the symptoms in the hospital through medication and then provide the necessary treatment in the community. Many people who receive rehabilitation and supportive services do not need to be on medication for the rest of their lives.

Myth: Traditionally, people with psychiatric disabilities are placed, either through the mental health or vocational rehabilitation system, in entry level or dead-end jobs. It was believed that they could not manage the stress of demanding work. Reality: Recent studies have shown that with proper training and support, people can work at jobs that are in their areas of interest (Drake et al, 1994). In other studies related to supported education, about half of the students are working and going to school. In the ongoing study at the University of Arizona, about one-quarter of the students are working in upper or middle management positions. Unfortunately, the average wage is only about six dollars per hour for most people. Due to the disincentives built into the Social Security system, many are also reluctant to work full-time and lose all their benefits.

Myth: Historically, many believed that the nature of mental illness, defined as thought and mood disorders, prevented people from learning. Reality: Several decades ago, teaching skills, such as independent living skills, gained popularity as a method of treatment. This demonstrated that, in fact, people with a mental illness could learn simple skills. This idea paved the way over time for the development of supported education. Although people with a mental illness may have greater difficulty with some learning, depending solely on the person's ability, symptoms and motivation, the learning problems usually do not prevent them from achieving their educational goals.

Myth: It was believed that people with mental illness would cause problems and disrupt the learning environment if they returned to school. Many school administrators were reluctant to have people with a known psychiatric disability on their campus. Reality: In a study done in the California community college system (Parton, 1993), students with a known psychiatric disability were not the students on campus causing the problems. This has been supported by many education programs around the country. However, the standard practice has become that should students with a mental illness cause problems on campus, they are responsible to the same code of student conduct that all students are and treated accordingly.

Myth: Many psychiatrists and mental health providers believed that going back to school would be too stressful for their clients. This attitude was shared by many potential students and their families. Reality: With proper

support and symptom management, people are able to take on the challenges of more meaningful activity. It is important that medications are monitored to compensate for the added activity and demand. Many psychiatrists have seen improvement in their patients as they start school and, consequently, decrease their medication dosage. This often results in a relapse as midterm comes around and students respond to the stress of papers due and exams. They may need more medication, rather than less, at this time.

Myth: Finally, many believed that students with a psychiatric disability would require more resources and time than other students with disabilities. Reality: It has been the experience of many programs that students do need more time initially to get registered, apply for financial aid and receive academic counseling. They may also need more personal support. However, the amount of time needed decreases as students get acclimated to the campus environment and develop a support network. Overall, they do not put a disproportionate drain on the resources.

Specific Needs of Students with Psychiatric Disabilities

Students with psychiatric disabilities are generally more alike than different from other students. However, some special considerations may be necessary as they are integrated into education programs.

Recruitment: Stigma remains the greatest barrier to recruitment. Many providers in the mental health system do not believe their clients capable of or ready to go back to school and do not make a referral or define school as a rehabilitation goal. This attitude is adopted by the clients themselves who may believe they are only able to be part of a day program where the greatest challenge is making lunch. Some education programs, because of their lack of experience with this population, may be wary of inviting them to participate. Other problems of recruitment are implied in the previously-discussed myths. What is needed is a fundamental belief, on the part of educators and the potential students themselves, that all people, regardless of their disability, are capable of learning and progressing.

Participation: Often, students with psychiatric disabilities are initially unsure of themselves in a school setting. Their attitudes are not unlike those of people who have been out of school for many years or who have English as a second language. Overcoming the initial anxieties occurs over a fairly brief period of time if the staff and the environment are open and friendly. However, continued personal support and encouragement may be needed throughout the early semesters as students learn to manage their symptoms and get back into a daily routine. Teaching learning and study skills as part of the curricula is often very helpful. Some postsecondary institutions provide a college preparatory or orientation class to review and strengthen student skills prior to official enrollment. These preparatory classes also help prospective students get accustomed to the campus, make

friends and formalize their educational goals. Staff can also assist the students with registration and obtaining financial aid during this time.

Retention: Students are retained through accommodations and support. Sensitive and appropriate accommodations make it possible for most students to remain in school. Many postsecondary institutions have developed peer support programs so people with common experiences can support each other. It is also helpful if staff are aware of changes in the students' behavior or demeanor. Referral to mental health or other community resources may be important if dramatic changes are noted. Many programs request the name of the students' mental health providers at intake and get permission to call them if there is a need. If students have to drop out for the semester for medical or psychiatric reasons, it is helpful if they can take incompletes and finish their work later, or complete the formal drop process so they do not accumulate failing grades on their transcripts, and thus, make it more difficult to return at a later date.

Accommodations

Accommodations for people with psychiatric disabilities are not particularly different from those with other disabilities. The most common accommodations are help with registration and financial aid. Extended time and a quiet place for testing, including permitting exams to be individually proctored, read orally, dictated or typed and increased frequency of exams may all be helpful. Changing test formats (e.g. from essays to multiple choice) is helpful for some. Using alternative forms for students to demonstrate course mastery (e.g. a narrative tape instead of a written diary), may be helpful to others. Giving a speech to the instructor rather than to the whole class and using a computer in class are other accommodations recommended, if needed.

Extended time for some written assignments may be necessary. Note takers, tape recorders and books on tape are also helpful. Some students require seating modifications if they are more comfortable by a door or window, at the back of the room rather than the front. Others require beverages in class because of the dry mouth caused by some medications. Some students may require parking accommodations. Many students find it helpful if there is a quiet place on campus where they can be by themselves or with their peers. It is helpful to many if there is someone they can check in with when they come onto the campus.

Sometimes accommodations are required in the course of study so the student can complete a degree program. The American Council on Education recommends providing modifications, substitutions or waivers of courses, major fields of study or degree requirements on a case-by-case basis. (Such accommodations need not be made if the institution can demonstrate the changes required would substantially alter essential elements of the course or program.) An example might be waiving a

language requirement that may not be critical to the mastery of the occupational skills implicit in the awarding of the degree.

Implications for the Adult Education Accommodations Model

The principles and values implicit in the adult education accommodations model are the same for working with students with psychiatric disabilities. There must be a willingness to take the students where they are, help them clarify and validate their experiences and needs, and provide the necessary services and accommodations while maintaining the program goals and standards.

Because of the unfamiliarity of many adult education staff with mental illness, it may be helpful to ask the following questions when providing services:

1. How would I solve this problem if the person had a physical disability?
2. What reasonable accommodations are needed?
3. Is this an academic or a treatment problem?
4. Do I need to make a referral to a community or campus resource?
5. Has there been a violation of the student code of conduct?
6. Am I working harder on the problem than the student who presented the problem? (Unger, 1991).

It might also be helpful for staff to learn simple techniques for helping students manage their anxieties. Two examples may be instructive. If students are extremely anxious, they may need a quiet place such as a study carrel to decompress. Earphones with quiet music might be helpful. If students appear to be in a panic, it is important that staff maintain their own self-control, listen accurately to what the students are saying and reflect it back to them, helping them focus on immediate, concrete goals or a plan of action. Sometimes a referral to a health or mental health provider may be important.

During the assessment process or at intake, it might be helpful to ask students what they would like staff to do if they were to become symptomatic or very anxious. In extreme cases, if persons appear to be a danger to themselves or others, the police should be called for assistance or a referral made to an emergency room. If staff are uncomfortable or feel in danger at any time in the presence of a student, the staff should remove themselves from the situation or get help immediately. Staff should respect and honor their own feelings as well as the student's and should act accordingly.

What it Means to Return to School

Returning to school is a very exhilarating and scary process for most people. Persons with a psychiatric disability are no exception. For most of them it dramatically changes how they feel about themselves and their potential for

having a meaningful and fulfilling life. Here are some examples from postsecondary students:

> *The Supported Education staff has high hopes for me and high expectations. They would like me to achieve a lot and it makes me feel good. I know that going to school will not give me all the guarantees in the world, but it gives me a glimmer of hope, and before, I had no hope whatsoever, and my vision of the future was all black. And just a little hope sometimes is all you need to get by.*

Spoken by a 29-year-old women diagnosed at age 16 with manic depressive illness. She is completing a paralegal certificate program at a community college.

> *So now I take my medicine. Now I have a job. I'm going to school. I don't want to be sick anymore. I want to be on the other end of the stick where I'm helping others instead of others always helping me. I want to be responsible.*

Spoken by a 39-year-old man, diagnosed as having paranoid schizophrenia, who has been in and out of hospitals and jails since he was 14. He has been involved in a supported education program for the past two years.

> *My kids tell me how different I am. I mean they have been trying to get me to go to school forever, and now they call me up and we talk about homework, and you know, it's like they're really proud of me that I'm doing this and getting on with my life.*

Spoken by a 47-year-old woman and recovering alcoholic who was sexually abused as a child, has suffered from severe depression, made numerous suicide attempts, and had many long periods of hospitalizations. She is now a peer counselor in a supported education program in addition to working on her academic studies.

> *I don't need school. I have V.A. comp and Social Security Disability but I don't want to be on the dole the rest of my life. So I've set my goal at a Masters of Social Work. But I can't overload myself. I came to school full-time a couple of semesters and the stress was just too much. I go back to having nightmares and flashbacks so I just come part-time. I'm chipping away at it slowly - but if I weren't here I would be dead or rotting in prison.*

Spoken by a 40-year-old Vietnam veteran diagnosed with Post Traumatic Stress Disorder and depression, who has a history of drug and alcohol abuse and violent behavior. With the assistance of a supported education program, he has completed his Drug and Alcohol Counseling Certificate and he is working on an AA Degree. He's active in many campus clubs, speaks at high schools about substance abuse and has toured major concert halls in the U.S. and foreign countries with a choral group.

Conclusion

Section 504 of the Rehabilitation Act of 1973 made it illegal for institutions receiving federal funds to discriminate on the basis of disability. However, people with psychiatric disabilities were often overlooked or ignored in the implementation of the act. It has taken changes in the fields of mental health, rehabilitation and education, as well as changes in the perceptions of the people themselves, to begin the process of more complete integration. The timely passage of the ADA further moved the process along. Today, with the emphasis on rehabilitation as a treatment modality, rather than simple caretaking and maintenance, and the development of new medications, most people with mental illness can look forward to a normal and productive life. Adult education is a important resource to help them make their dreams come true.

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QUESTIONS TO GUIDE PRACTICE

1. How would I solve the problem if the person had a physical disability?

2. What reasonable accommodations need to be made?

3. Is this an education or a treatment issue?

4. Do I need to make a referral to a community or campus resource?

5. Has there been a violation of the student code of conduct?

6. Am I working harder on this problem than the student who presented the problem?

REASONABLE ACCOMMODATIONS

- Assistance with registration/financial aid
- Extended time for exams
- Alternative format for exams
- Change of location for exams
- Alternate forms of completing assignments
- Notetaking help, tape recorders, books on tape
- Modified seating arrangements
- Allow beverages in class
- Parking
- Teach study skills
- Teach time management skills
- Incompletes rather than failures if relapse occurs

SPECIFIC NEEDS OF STUDENTS WITH PSYCHIATRIC DISABILITIES

Recruitment: The belief that education should be available to all. All people can learn new information and skills.

Participation: Encouragement and acceptance. An openness to individual styles of learning and being.

Retention: Provide accommodations, support, and when necessary, referrals.

MYTHS AND REALITIES

MYTH: People with mental illness are dangerous.

REALITY: They do not commit more crimes than the general population. They are more likely to be victims of crime.

MYTH: Mental illness is a chronic, lifelong disease.

REALITY: Prognosis for schizophrenia is 50 to 70 percent recovery. New medications make a normal life possible.

MYTHS AND REALITIES

MYTH: People with mental illness returning to school will disrupt the learning environment.

REALITY: They are not more disruptive than other students.

MYTH: Going to school is too stressful for people with mental illness.

REALITY: With new medication, symptom and stress management, and accommodations, they can be successful in school.

MYTHS AND REALITIES

MYTH: People with mental illness can only work in entry level positions.

REALITY: They can hold the same jobs as anyone. Accommodations may be necessary.

MYTH: People with mental illness cannot learn.

REALITY: Although they may have some learning problems, with accommodations they can reach their educational goals.

PRINCIPLES FOR PROVIDING SERVICES TO STUDENTS WITH PSYCHIATRIC DISABILITIES

1. Separate treatment issues from education issues.

2. Provide services to students with psychiatric disabilities as you would students with other disabilities.

3. Help students fulfill their behavioral responsibilities on campus.

FROM DISCRIMINATION TO ACCEPTANCE: SERVING PEOPLE WITH PSYCHIATRIC DISABILITIES IN ADULT EDUCATION

Response by Eloise Johnson

The paper gives an excellent perspective of how to understand the problems associated with adults with psychiatric disabilities. The information about a typical person who returns to school with psychiatric disabilities would be helpful for every Adult Basic Education (ABE) instructor. The individualized instruction that ABE classes provide can be a viable solution to serving this population.

The section that describes a typical person states that almost all are high school graduates. The adult education community does not solely focus on persons without a high school diploma. We offer GED preparatory instruction, but the focus goes way beyond that. Adults now, more than ever, need their basic skills upgraded to be able to survive in the workplace.

The concept of supported education has been used in our state for ABE students. The ABE programs at community colleges offer information about financial assistance, housing, career options, career assessments, and many other supportive resources. The financial assistance director will speak to the ABE class about how to fill out applications and discuss all procedures that are necessary to obtain assistance. Much internal stress can be alleviated by our classes offering an environment without internal and external stimuli distractions and assisting with social skills, taking tests, completing assignments on time, and managing time.

Adult education instructors in Mississippi have received intensive training in using a life skills curriculum. This curriculum is designed for individualized and group instruction. The basic skills for self-advocacy, self-determination, and acceptable social interactions can be incorporated into the personal identity of each ABE participant. The Lifeskills portion of each class day is one way to impart information in these areas; this segment of the day can also serve as a forum in which to utilize and practice the skills discussed in the sessions.

An ABE teacher's primary role in assisting adults with psychiatric disabilities will be as a liaison to provide a list of referral sources in the community; to know contact persons and sometimes to make an initial contact; to provide emotional support for an individual and a family; to aid career development planning; and to provide an ecological individual assessment.

The teacher is the key component that enables adult learners to feel successful in the classroom. Most successful instructors agree that the key to success is experimentation and trying various teaching/learning techniques until one finds strategies that work for a given individual. Techniques used in the classroom should include group learning and

projects, individual study, computer-assisted instruction, oral practice, written assignments, reading books, viewing video tapes, playing group games, listening to audio tapes, and maintaining a list of words that serve as a personal reference. Allowing for self-pacing in using and mastering materials enhances the academic self-concept and encourages people to become independent learners.

A strong academic and personal self-concept can be built through building a success identity. Role playing helps learn or improve social skills, self-concept, interactional skills, and work skills. Providing on-going group and personal counseling and support help to maintain the self-concept. If the learner knows that their specific needs will be accommodated in a class environment, it can increase the level of perseverance. Some of the instructional accommodations that may be needed are:

Extended time on test
Tutoring– peers or volunteers
Testing in separate room or quiet area
Tape record lessons
Computerized instruction
Extended time on written assignments
Using a notetaker for learners who have difficulty listening and taking notes
Giving a speech to instructor rather than class

Transition into the workforce is another point at which individuals with disabilities may require special assistance. One of the most important things a teacher can do is to model the appropriate way to speak about persons who have a disability. The ADA and other rehabilitation legislation mandate using the formula "person first, disability last" rather than using the disability as a descriptor. This pattern places the emphasis on the person rather than on the disability. The teacher who establishes this pattern in the minds of all learners will furnish all learners in the class with a valuable attitudinal shift.

The ABE teacher can prepare all adult learners for employment by incorporating job seeking skills into the curriculum and planned classroom activities. Acquiring job search skills is a learning process utilizing both individual and group practice. The development of a personal resume is one step in the process; practicing interview skills in a classroom context is another essential step.

Planning for transition for students means looking proactively into the future. It means defining the services a student will need in the future while simultaneously addressing the student's need to learn how to do things in the immediate present. The IEP can serve as a tool to help people attain personal skill development goals, knowledge of and purchase of assistive technology, and compensatory strategies needed throughout life.

Transition into the workforce or to further education is an important connection for all learners. Specific skills necessary for the job search, preparing for an interview, filling out application forms, appropriate dress, and other information will be covered using a Lifeskills curriculum. The ABE teacher can become a primary service provider for moving into the work force.

MYTHS

All of us are guilty of sharing in the myths that are discussed in the paper. Increased knowledge and experience about people with mental illnesses is of utmost importance. Our adult education instructors need training in beliefs and misconceptions.

Most people see mental illness as a chronic, lifelong disease. Instructors need to know that people with mental illnesses do not commit more crimes than the rest of the population. Only through conferences, workshops, and meetings can these important facts be presented.

With all the new medications and treatments available, people are managing mental illnesses better. All people need to feel useful and that they are contributing to society. Attending ABE classes or furthering their education anywhere will help raise self-esteem. Instructors need to have an awareness of the problem. Excessive stress on a person can be eliminated by a knowledgeable instructor and the individualized approach used in ABE.

ABE programs in our state work closely with business and industry to provide pre-employment and basic skills training. Through the IEP process each student sets individual goals. Working closely with industry allows the programs to talk with students about what the workplace expects and how to cope once employed.

With proper staff development about the myths that exist for adults with mental illnesses, instructors will be better prepared to offer the proper support and acclimate the adult to the campus environment. Developing a support network would be very beneficial. Peer support groups so people with common experiences can support each other exist on many of our campuses. Instructors must also have the total belief that all people are capable of learning and progressing. Workshops on the diverse learning styles is essential for instructors.

All principles and values that apply with an ABE class are the same necessary for working with students with psychiatric disabilities. The questions that are listed for adult education staff to ask themselves when they provide services are excellent. Training on conflict management and techniques for helping students manage their anxieties would be helpful. Instructors need to make certain on intake that they acquire all the necessary information about the student. Instructors need to be aware that their role is not counselor and should always maintain self-control, listen accurately to what

students are saying and help them focus on why they are there and their concrete goals or plan of action.

Adult education is a very important resource for persons with psychiatric disabilities. ABE programs can assist and support persons with psychiatric disabilities to be successful in achieving their educational goals. Instructors just need the proper training in order to assist these adults.

FROM DISCRIMINATION TO ACCEPTANCE: SERVING PEOPLE WITH PSYCHIATRIC DISABILITIES IN ADULT EDUCATION

Response by Muriel Lawler &
Bernadette Chavira-Merriman

Introduction

In Dr. Unger's paper "From Discrimination To Acceptance: Serving People With Psychiatric Disabilities In Adult Education" the basic premise suggested is that educational institutions were found guilty of discriminating against students with disabilities, but that gradually as institutions gained more experience working with people with mental illnesses, the transition became smoother.

The paper then attempts to explore myths and realities attached to people with mental illnesses. It further discusses how adult educators can assist and support these students, and closes with quotes which come from students and which focus on their perceptions regarding participation in the program.

The response to the paper will be arranged accordingly. A general response to the paper will be provided and a reaction to the premise will be expressed. Myths and realities will be discussed vis-a-vis students in the ABE classroom. Specific needs of students with psychiatric disabilities as they enter the postsecondary institution and ABE classes will be explored. Examples of teaching strategies, needs of adult learners, and best practices will be provided, and found in a companion document developed in New Mexico specific to adults with learning disabilities. The closing segment of the paper will consist of conclusions and recommendations.

Response

It is commendable that Dr. Unger is attempting to raise the consciousness of educators charged with providing services to students with disabilities. Perhaps for too long, these students have been ignored or neglected in postsecondary education, and their needs have most definitely not been met. However, a great number of these clients appear in Adult Basic Education (ABE) classes because they lack basic skills as well as higher order reasoning skills which they need in order to succeed. Another reason for their enrollment in ABE classes has to do with the institutional process itself. When there is doubt as to where the student should be placed, ABE tends to become a dumping ground. Once diagnostic testing has been accomplished, re-assignment into regular postsecondary classes may occur, but from comments made by local program people, we believe this does not often happen.

When reviewing the paper it became apparent that the document was written with a postsecondary institutional emphasis in mind, rather than an Adult Basic Education focus. The point needs to be made that Adult Basic Education

programs have been accepting students with mental disabilities and facilitating their learning as best they have been able to for years. Because our charge and chief responsibility is adults who need to acquire basic skills, because we are concerned that adults with disabilities receive the best possible treatment in our programs, and because we are hopeful that follow-up research will occur, we are responding from both historical and experiential points of view.

One of the main problems with the paper concerns the definition of terms. Frequently used terms such as "mentally ill," "mental disorders", "bi-polar", and "psychiatric disabilities" appear to be used interchangeably. The reader is confused about which specific population is being described and more to the point, which illness is being addressed. Consequently, adult basic educators may have the most honorable of intentions concerning assisting students, but will remain unclear as to how best serve these students without appropriate descriptors. It would have been most helpful if each population were described in detail, and if the thrust of the paper were focused on teaching practices specific to adults who appear to fit within those parameters. For example, "mental illness" (or any of the other terms used in the paper) should not be considered synonymous with lack of cognitive capacity. It could be inferred from the paper that this is the case.

Rather, these disabilities require extra effort on both the part of the student and the instructor in order for the student to benefit from instruction. Students suffering from these types of disabilities need assistance so that they can continue to function in both their real and scholastic worlds .

The ABE program has been accepting students with disabilities long before their cases were identified or before it became politically correct to do so. There just seemed to be no other niche in the postsecondary institutions; therefore, ABE provided services to students by employing best teaching practices and by urging the students to accept ownership of their particular disability. Adult Basic Education educators have always accommodated students to the degree possible without jeopardizing the program. In short, we have been providing these services, except that in today's vernacular these strategies would be known as "reasonable accommodations" or that the students would have an "ability to benefit."

While to some the process may have appeared to have been discriminatory against students with disabilities on the part of institutions, we would suggest rather that when the social climate changed regarding the care and housing of these individuals, federal programs at the national level were unprepared to assist states and local programs. Hence, the burden fell to postsecondary institutions, and to Adult Basic Education programs specifically. On numerous occasions, program people have called and requested specialized assistance in dealing with this population. Concerns were expressed about how to provide assistance, which strategies were effective, and how soon training could begin.

Eventually in New Mexico, the concerns raised were such that a work/study session was held at the annual conference which dealt with identifying the soft signs of a learning disabled adult.

Finally, a handbook was developed as a partial response and, quite frankly, as a stopgap measure. Therefore, while apparent discriminatory actions were occurring, remedies were being sought so that students could make progress in ABE. We would suggest that rather than overt discrimination, the real problem was due to ignorance and general lack of direction and assistance from the federal government.

Another problem contributing to the overall understanding of the paper is the apparent lack of specificity related to outcomes after students have availed themselves of services. For example, Dr. Unger states that a number of studies have shown that most people (50 to 70 percent) recover from schizophrenia (Harding, 1996). It is difficult to determine what "most" is and what the total "n" of the study consisted of before one can agree or disagree. Further, throughout the paper, terms such as "many", "few", and "some" are used as descriptors without specific citations, percentages, and what exact educational services were rendered to students, and what outcomes were a result of students participating in classes.

Myths and Realities About People with Mental Illness

Dr. Unger's contrast of myths and realities generally associated with mental illness patients is admirable in that it brings to the forefront fears which we, as educators, may harbor without full awareness. By raising the consciousness of administrators, practitioners, and other service providers, students with mental illness will be better served during their stay in ABE programs. However, we feel that the remedies suggested in the paper have traditionally been an integral part of meritorious ABE programs for some time.

For example, the myth surrounding these students purporting that going back to school would be too stressful for them, from the mental health provider and psychiatrists' perception, is counterbalanced by the reality. "With proper support and symptom management, people are able to take on the challenges of more meaningful activity." (Unger, 1996). Adult Basic Education educators have long known this strategy to be effective with ordinary students returning to attain basic skills. These students often come from chaotic backgrounds, stressful lifestyles and have familial responsibilities which (if not handled in a thoughtful manner) can result in a student dropping out of the program. Therefore, adult educators are made mindful of the fact that the students may not be coming from an ideal setting or positive past learning experiences, and that teaching strategies must acknowledge the same while also providing a venue for these students to experience success.

There has been a saying about Adult Basic Education students: "They vote with their feet." Loosely translated, if their needs are not met, they will not

participate in class. The same principles apply to students with mental illnesses– if their needs are not met, they will not participate.

Specific Needs of Students with Psychiatric Disabilities

Recruitment, participation and retention have been called the "big three" in Adult Basic Education jargon. They are inextricably intertwined and either work together to produce favorable results for the student, or the student withdraws. We do not see notable differences between Adult Basic Education students and those with mental illnesses in the matter of recruitment. Quite often there is a stigma attached to being an adult without basic skills. That is why in New Mexico 83% of the ABE programs are located in postsecondary institutions. Students can simply say, "I'm going to the college for classes." Once they transition from ABE to regular classes, the same statement is accurate.

Participation presents problems to the ABE student. They may have suffered from a negative past school experience; they are returning to unfamiliar surroundings; they suffer from anxiety because they know that someone will have to know their skill level in order to assist them through the system. ABE educators are extraordinarily empathetic and work hard at putting these students at ease. Students with a mental illness are to be treated no differently, except for perhaps an even more enhanced version of what "regular" students experience.

In the area of accommodations, educators will use excellent or best teaching practices. Students will always be accommodated to the degree possible without jeopardizing the program. The practice of reasonably accommodating students is not a new practice in the ABE classroom.

Conclusions/Recommendations:

While it is true that people with a variety of psychiatric disabilities have been overlooked in the past, we suggest that it was not overt discrimination, but lack of direction, funding, and training which could have been provided by the federal government to postsecondary institutions in order to remedy the situation. We have made the case that ABE administrators and instructors have traditionally accepted students as they were and worked with them and with their support system in order to provide services.

Based on the review of Dr. Unger's paper and our own experience we are recommending the following:

1) A definition of terms describing various mental illnesses and the accompanying manifestations which students may display.

2) Teaching strategies designed specifically to parallel those manifestations which will prove effective in the Adult Basic Education classroom.

3) A longitudinal study which will look at the outcomes of implementing such activities in the classroom.

4) Develop an enhanced accommodation model for students with mental illness which recognizes that cognitive ability is not necessarily synonymous with severe emotional disturbance.

Topic 5: Accommodating Adults with Disabilities in Adult Education

In the final topic, Sandy Delgado addresses the questions of whether or not adult education is for all and what is needed to make the adult education experience satisfactory for adults with disabilities. She first confirms that anyone without a high school diploma or in need of remediation is entitled to receive adult education services. Then, she outlines some of the needs that need to be met in order to make this possible, including instructor training. Finally, she tells about some of the actions being taken in her state to address these needs.

IS ADULT SECONDARY EDUCATION AND ADULT BASIC EDUCATION FOR ALL?

By Sandra Delgado

Is Adult Secondary Education and Adult Basic Education for All?

Yes, all persons without a high school credential or in need of remediation are entitled to receive adult education services provided the instruction is appropriate to the persons' abilities.

People who have the cognitive ability to learn but may have physical, learning, or mental disabilities can all be taught and will eventually be able to achieve their goals, perhaps of earning a GED or high school diploma or improving skills needed for a job. As with all students, instruction should be geared to meet the learning needs and styles of students with disabilities.

People with limited cognitive skills will not be able to earn a GED or high school diploma through regular course work. They will, however, be able to improve basic skills that they may need for independent living or work. Instruction for these individuals should be related to specific life skill needs. For example, a person preparing to live independently will need to know how to handle money and, therefore, will need to learn the different denominations of bills and coins. Instruction for these students should be structured around such lessons. Goals for instruction should be specific leading to appropriate instruction.

What is Needed to Make the Adult Education Experience Valid for Adults with Disabilities?

I believe the major need is instructor training. It is also the initial need. Most adult education instructors are elementary or secondary teachers, persons with degrees or non-degreed, and have very little if any contact with persons with disabilities. Most general education teachers have little or no training in working with persons with disabilities. While a good teacher is a good teacher, there are methods that can be used and have been found to be most effective with different disability groups. I have asked about teaching math (algebra) to a person with blindness. It is a task that seems impossible to me. A teacher who has been trained to teach people with visual impairments would know what to do. These are the types of skills that general education and adult education instructors need to learn.

While there are many methods and strategies that are effective with all populations, it is also important for instructors to have some general knowledge about the various disabilities in order to provide appropriate instruction. It might be something as simple as realizing that it is not appropriate to administer the Test of Adult Basic Education (TABE) or other aural language based tests (English) to a person who is deaf because that

person's language is not necessarily the same as spoken English. Think of the number of words we have for slacks. We have three, whereas American sign language has only one. It means the same as each of the other three but on a written test it would appear that a person with a hearing impairment does not know the meaning. This, of course, would give the wrong information about the person's level of knowledge.

More than once I have heard people say that a student could not learn because she or he had cerebral palsy so badly that she or he was in constant movement. This physical disability does not mean the person cannot learn. Perhaps I, as the instructor, do not know how to reach the person or assess progress because she or he learns differently, but it should be my responsibility to learn how to teach her or him.

Kentucky is currently in its third year of providing training to instructors using the Payne Assessment for Accommodations Model. Instructors are learning specifically about learning disabilities and ADD/ADHD. The training also helps people become aware of all disabilities and the need to work with the students from their strengths in order to achieve goals. It has provided instructors with instructional strategies that work with persons with learning disabilities but will benefit any student. I believe that the instructors who have been trained have become better teachers because it has made them aware of the learning differences we all have and, therefore, the need to be taught in the way that works best for any and every student.

Instructors also need support from the professionals from the various disability groups. They are the experts that can and do provide us with the help needed in teaching the person in the best way possible. They can provide us with the appropriate referral information and services. Many of our students come to us seeking an education as a stepping stone to work, vocational school or college. The professionals in this area can be of assistance in making appropriate placements or referrals. Our networking with them will not only benefit our students but teach us more about the disabilities.

A concern that many programs have deals with having the appropriate instructional materials. Some materials may be expensive and beyond the means of adult education programs. Having a network system with other agencies may enable us to access equipment on a temporary basis. In Kentucky, the Governor's Interagency Technology Council is exploring methods for taking inventory of equipment and technology in state agencies in order to establish a lending library. The council is also discussing a low interest loan program to assist individuals to purchase necessary equipment. There are many possibilities that result from interagency networking. We have also encouraged programs to purchase materials for various disability populations and not wait until a person with a specific disability goes to the program to buy or borrow materials. We requested from the state legislature funds specifically for the purpose of purchasing materials to use with persons with disabilities. Unfortunately, the governor did not approve the increase of any state budgets in his first legislative session.

It is also important to be able to provide a continuum of services to persons with disabilities. It is easy for individuals who need services from various agencies or sources to get lost from one to the other. The Kentucky Interagency Transition Council is striving to develop a method by which persons with disabilities of all ages will not get lost as they transition from one service to another. Among the many areas of discussion, we have identified the need to share information about our clients, to provide cross training for agencies staff, to develop training materials, and to identify quality indicators of effectiveness. The ultimate goal should be to provide a seamless referral/service system from school to adult education to work to life.

What is Kentucky Doing?

Throughout my presentation I have mentioned a few things that Kentucky is doing. We are also very concerned about the accessibility of our programs. So we are currently working with programs that have been identified as possibly in danger of not being accessible to persons with disabilities to develop two-to-three year written plans that will specify steps to be taken to make them accessible.

As a result of the Payne Assessment for Accommodations Model training, the Department for Adult Education and Literacy formed a team to develop a policy regarding service to students with disabilities. It included persons from various agencies, a private sector provider of rehabilitation services, and a consumer. The policy evolved into a general policy dealing with serving all students, record maintenance, confidentiality and release of information. We feel that it will provide programs with the support and information they need to provide the best instructional setting for all persons.

The Department has also had contracts with agencies serving persons with disabilities for a few years. Through contracts with the Department for Vocational Rehabilitation and the Department for the Blind, persons are receiving remediation and ABE/GED instruction. We have recently purchased a computer hardware and software system to assist persons with hearing impairments to improve their reading ability. This equipment will be placed in Bowling Green, Kentucky, where there is a significant hearing impaired/deaf population that is interested in further education. Such efforts are not only serving the purpose of providing education to disability populations but also teaching adult education staff how such services can be provided. It has indeed been an interesting and beneficial venture for all parties.

In Conclusion:

It is not impossible to serve persons with disabilities. It does take a move from the usual to the new. It means forming partnerships. It means providing services in a new way. And it means teaching in a new way.